POSITIVE SOCIAL SUPPORT NEWSDIGEST

A "BEING ALIVE" PROGRAM

VOLUME 5, NUMBER 3
SACRAMENTO, CALIFORNIA

Summer 1992

For people who are HIV positive and for those who are supportive

Library
Oak Park Community Center
Sacramento, CA

International Conference Promises To Educate the World

VIII International AIDS Conference
Welcome To Amsterdam!
Girl! Let's Talk Hairdos
Do those Shoes Come in a higher Heel?
QUEEN'S SHIPLINES

Against AIDS, knowledge is still our single most effective tool. This year, the VIII International Conference on AIDS/III STD World Congress will provide an unmatched educational forum for people from every sector of the global HIV/AIDS community. With the foremost experts in all aspects of HIV/AIDS gathered in one location, the opportunities for teaching and learning, for passing on acquired knowledge and seeing facts and trends in new and more useful relationships to each other, are virtually unlimited.

The program has been developed through unprecedented discussion with hundreds of experts worldwide. In addition to scientific colleagues, people with HIV/AIDS, representatives of non-governmental and community organizations, and people from the developing world have made major contributions to the program.

The result is a Conference which represents the issues and viewpoints important to every discipline, realm of experience, and geographic area affected by the pandemic.

The Conference will provide delegates with a guide to chart the progress against HIV/AIDS. By addressing the key issues and questions of the epidemic, the Conference will help determine where to focus efforts in the future. Thus, the questions and issues addressed by the Conference program have immediate practical implications for research, policy and resource allocation, as well as far-reaching significance for the future of the scientific and societal confrontation with the pandemic.

The program is centered around the most critical questions and issues of the epidemic. The Conference will identify speakers and presenters who can best address these specific questions in four major areas: basic science, clinical science and care, epidemiology, and social impact and response. By focusing the program on selected, key issues, the Conference will provide the most educational and useful forum for progress against HIV/AIDS.

It is therefore critical that the VIII International Conference on AIDS/III STD World Congress, as the premier international meeting devoted to the pandemic, give significant attention to the impact of HIV/AIDS and the range of possible responses to it.

Excerpted from Conference Bulletin VIII International Conference on AIDS/ III STD World Congress

ddC: AZT Combination Approval Recommended

by John S. James

The Antiviral Drug Products Advisory Committee of the U.S. Food and Drug Administration in April voted to recommend approval of anti-HIV treatment with a combination of ddC (dideoxycytidine, also called zalcitabine; brand name HIVID) and AZT for certain patients. It did not recommend approval of ddC by itself. The decision was a difficult one because of the limited information now available about this combination treatment; the eight to three vote reflected this difficulty, since decisions of FDA advisory committees are generally unanimous.

The FDA is not required to accept this committee's decision. But it is likely to do so and to formally approve ddC plus AZT combination treatment, after review of additional data, probably during the next few months.

The Antiviral Advisory Committee is one of a number of such committees set up by the FDA but composed of outside experts (not FDA employees). Most of the work of these committees is public.

Background: ddC, now being developed by Hoffmann-La Roche, was one of the earliest potential anti-HIV agents tested. It is very active against the virus in the laboratory, and also has anti-HIV activity in people. But because of its toxicity — especially peripheral neuropathy, resulting in pain or numbness in the hands or feet — it must be used in very small doses, less than one one-hundredth the dose of AZT or of ddI (the two anti-HIV treatments now approved in the U.S.) The main question with ddC as a single-drug therapy has been whether there is a dose which can be effective without unacceptable toxicity.

New Data at Committee Meeting: Before the meeting of the Antiviral Advisory Committee, the main issue had been whether the T-helper

See **Approval** *on page 10*

Federal AIDS Research Funds in Jeopardy

The 1993 Federal AIDS budget is under discussion in Congress and for HIV-positive people seeking new treatments the news is bad. Project Inform and other AIDS activist groups have looked closely at President Bush's budget program and discovered that funding for AIDS drug research is being cut.

The National Institutes of Health (NIH) have requested $1.2 billion for AIDS research spending in 1993. President Bush's budget proposal reduces this amount by $300 million to $873 million. On the surface, Bush's proposal appears to be a modest increase of 3.8 percent over last year. However, this "increase" lags far behind both the annual biomedical inflation rate and the exploding AIDS caseload.

President Bush has grossly overestimated the total AIDS research budget at $1.8 billion. The actual amount set aside for the AIDS program of the National Institute of Allergy and Infectious Diseases (NIAID), the arm of the National Institutes of Health which conducts the bulk of AIDS research, is only $450 million. Few people realize that NIAID spends even less — only about $130 million annually — on *clinical* research, the testing of drugs in human subjects.

If President Bush's proposal is approved, new drug development and work towards a vaccine and cure will certainly slow. Today, there are far fewer relative opportunities for HIV-infected adults to participate in clinical trials than there were a few years ago. Under Bush's proposal, 10 AIDS Clinical Trials sites will lose funding and the funding for the other 28 sites around the country will shrink by as much as 40 percent.

Project Inform and other AIDS activist groups are calling for more funding for the entire package of federal AIDS programs — not a simplistic shuffling of dollars. The cruel game of funding one group by short-changing another cannot be repeated. Congress must find a way to adequately fund AIDS services and research for all populations affected by the epidemic.

In order to generate support for the NIH AIDS budget request, Project Inform is urging its supporters and other AIDS service organizations to call on Congress during the budget negotiations. Project Inform is asking activists to write letters, organize letter writing campaigns, and make phone calls or personal visits to Congressional representatives.

"Project Inform is lobbying the U.S. Congress because we believe the need

See **Federal** *on page 10*

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* The Editors reserve the right to refuse any submitted material for any reason.
* Submitted materials may be edited for length and clarity.
* PSSN reserves the right to refuse sexually explicit ads. Ads will run for three consecutive issues, unless cancellation is requested prior to publication of third issue. All ads must be resubmitted after each three-issue run.
* Editorial policy is subject to change at the discretion of the Editorial Board.

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Editorial

Notes From The Front

by Franklin John Kakies
Director, AIDS Response Programs

Did you read Sonya Cox's article in the May 1 issue of *MGW*? And were you able to absorb yet another grotesque AIDS/HIV statistic — namely, that in the United States alone, another person becomes HIV positive every 13 minutes. Yes, dear brothers and sisters: that's 110 people per day; 774 people per week; or a staggering 40,405 people per year. Does this compute?

And have you heard that the LAMBDA Community Center (which, as you know, is the primary provider of the AIDS Education and Prevention message to that group at highest risk, Gay and bi-sexual men and youth) just had their AIDS Education grant from the County cut by $17,000 for fiscal 1992-93. Does this make sense?

Does it make any sense at all that a lead agency in the fight against AIDS should have their budget cut by almost 25% over two years, and then be told to anticipate a further 10% reduction on the reduction? Or that the director of an AIDS Education project that will have successfully reached over 20,000 Gay and bi-sexual men and youth in one year, will receive a 20% salary cut as a "reward" for that success?

Of course, there is the State budget crunch, and if there are huge budget and revenue deficits, then cuts have to be made somewhere. But where are our priorities? Huge cuts in Health and Human Services? Draconian cuts in education? Where will it all end, and what will be the consequences?

If we cut AIDS education, we know what the consequences are: huge numbers of people will become infected with HIV, and (barring some medical miracle) DIE.

One of our more dedicated local physicians working in the AIDS arena says that as funding disappears, there is a point where a community has to decide who is going to be allowed to die. Obviously, if you try to educate everyone using insufficient resources, you end up not educating anyone effectively, so in this sense he is right. But who among us can steel our hearts to make such choices? Is this our response as a human community, to sit by and meekly accept the deaths of thousands upon thousands of people and the destruction of entire communities as the only solution?

At what point do we become activists and decide that "enough is enough"? When they start piling the bodies on street corners, it is a little late for action.

One hears so much criticism against the tactics of ACT UP and QUEER NATION, yet those very tactics are premised on a refusal to accept the status quo, and an enormous frustration with traditional avenues of protest that seem to lead nowhere. What will it take to build a fire under the rest of us? How many of our brothers, and sisters, too, will we have to watch die? How many of our Gay youth, who are after all 'children' and our future, will be sacrificed needlessly before we turn around and say "Read our lips"?

Think about it. I'll see you at the barricades.

Letter

Dear Editors:

It is my pleasure to introduce you to the Positive Lifestyles Program at Charter Barclay Hospital. Please include the following in your upcoming newsletter. If possible, I would like to receive your newsletter for my own review.

"Positive Lifestyles, the Midwest's first mental health and substance abuse treatment program specifically designed to meet the needs of the gay,lesbian, and bi-sexual community, opened recently at Charter Barclay Hospital in Chicago, Illinois. Positive Lifestyles is an interdisciplinary treatment program that provides progressive psychiatric care to lesbians and gay men in an atmosphere conducive to personal growth and development. Please feel free to contact us with questions at 1-800-877-6848."

Thank you for your time.

Jeffrey L. Miller
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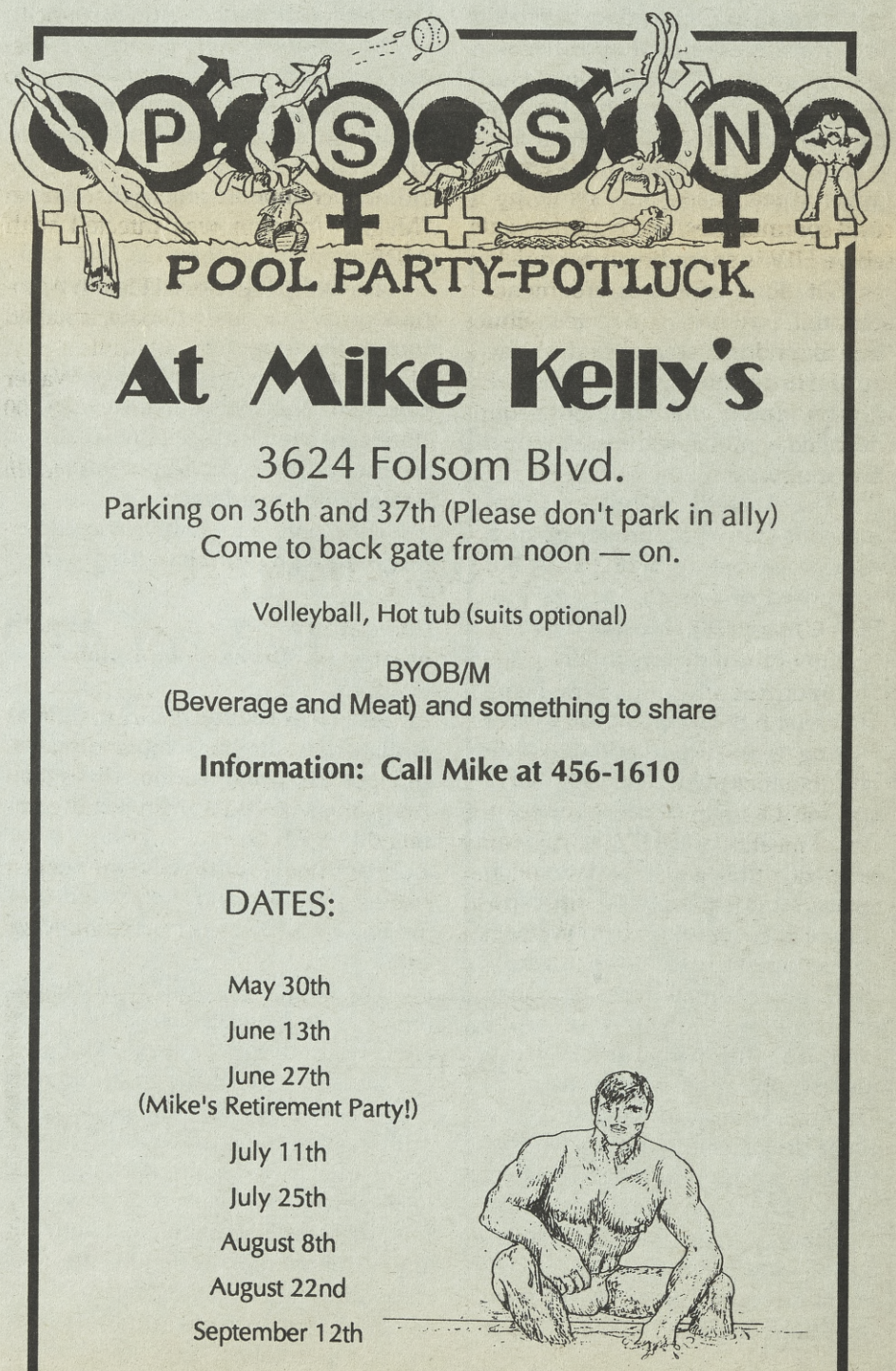


8th Annual Lambda Freedom Fair

10 a.m. - 6 p.m. ▼ McKinley Park ▼ Saturday, June 20, 1992

Pride = Power

"It's a simple matter of Justice"
... Harvey Milk

The LAMBDA FREEDOM FAIR presented by the **LAMBDA COMMUNITY CENTER** in McKinley Park, is the largest one-day event put on by and for Sacramento's lesbian and gay community. The Freedom Fair celebrates in pride the diversity and power of our community and commemorates the 23rd anniversary of the Stonewall Riots.

The Lambda Freedom Fair Committee '92 has exceeded last year's success. The Artist Colony has been expanded. "The Beach," a new second stage arena, offers special contests and dancing to a DJ all afternoon for those in the mood. The best in local and area entertainment is free on the main stage. Storytime Hour is just one of the events for our children.

PRIDE = POWER is the theme for 1992. Last year, more than 10,000 people enjoyed the Fair activities, booths, entertainment, and a sense of family and community. For 1992, we anticipate more than 150 exhibitors and vendors and 15,000 fairgoers! The Lambda Freedom Fair is a living symbol of our pride empowering us.

In Pride,
Marghe Covino
President, Lambda Community Center

Groups Criticize Government New AIDS Prevention Campaign

Public health and AIDS advocacy groups are denouncing the government's $1.5 million HIV prevention campaign as ineffective. The newest set of television ads, prepared for HHS by the ad firm Ogilvy and Mather as part of its five-year-old "America Responds to AIDS" campaign, feature teenagers with AIDS living in small communities. HHS Secretary Louis Sullivan, MD, said this year's effort is aimed at teenagers, persons living in rural communities, and heterosexuals, where HIV is spreading most quickly.

But none of these ads mention accepted HIV prevention techniques such as condom use and needle bleaching. HHS says that would be too technical and this is what the focus groups indicated would work. Instead the ads advise viewers to call the federal AIDS hotline (1-800-342-AIDS).

AIDS groups panned the campaign, "You don't sell detergent by saying 'if you are concerned about dirty laundry, call '1-800-DETERGENT'," says Jeff Levi of the AIDS Action Council.

Meanwhile, the Centers for Disease Control is discussing ways to expand the AIDS hotline; officials there say it has experienced a 330% increase in the number of daily calls since the November announcement that Earvin "Magic" Johnson was infected with AIDS.

The American Social Health Association, which runs the hotline, is staffed to respond to about 3,500 calls a day. Hotline Project Office Robert Waller says they can get as many as 40,000 calls a day.

The Nation's Health

Not Doing Enough

DES MOINES, Iowa — The chairwoman of the national AIDS commission gives the Bush Administration poor grades in fighting the disease, complaining that "we've been shouting, and we're not being heard."

June Osborn, MD, also told the annual meeting of the Iowa Academy of Science that a vaccine would not stamp out AIDS because "the world already is laced with HIV. We're not doing at all well to mobilize against the greatest health crisis of our time."

If there is good news, Dr. Osborn said it is that the AIDS virus is not as easily transmitted as other diseases. But it still has claimed more lives than the Korean and Vietnam wars combined.

"The people with AIDS are not just like us; they are us."

American Medical News

SACRAMENTO **AIDS RESPONSE TEAM** LAMBDA COMMUNITY CENTER

Stop by the AIDS Response Booth and sign your letter to President Bush asking him why we have no National AIDS policy!

READ OUR LIPS!
ENOUGH IS ENOUGH!
10 YEARS - 135,000 DEATHS

▼

Lambda Community Center
AIDS RESPONSE PROGRAMS
1931 L St., Sac. CA 95814
(916)442-0185

The President of the United States
1500 Pennsylvania Avenue
Washington, D.C. 00000

Dear Sir:

This letter is being sent to you with a very specific purpose in mind: namely, to request that you implement a true National AIDS Policy.

Ten years into this nightmare epidemic, the United States lags far behind almost every Western nation in terms of our response to AIDS. We are suffering, not just from a lack of standardized response and National guidelines, but by the fact that our highest elected official maintains virtual silence on this huge and ever-growing problem. The United States should be in the vanguard of leadership, proudly providing that fabled American example to the rest of the World Community, but our current efforts are haphazard and piecemeal. Worse still, we seem to be losing the war.

Please lead us, Mr. President. Please legitimize in the eyes of our Countrymen the magnitude of this problem by speaking to it. As our leader, you have such an extraordinary opportunity to effect, not just individual lives, but history itself.

We have all heard that action equals life, while silence equals death: won't you seize this moment for action? Our country wants you to act.

The establishment of the President's Commission on AIDS was such a clear step in the right direction. The only possible next step can be to provide the requisite leadership for the implementation of the solutions that have been suggested by your blue-ribbon panel. Surely it makes no sense to ignore the quality advice that you yourself have solicited. We petition you to take that advice.

You so often speak to the tradition of family values as the backbone of this country. Sir, 135,000 Americans have been lost to AIDS, and every one of them was a member of someone's family — a son, a father, a grandchild, a mother. Additionally, the families of at least another one million Americans face this same prospect. Please think of the families.

The economic realities we face today need no illustration. As regards AIDS, the years of potential life lost (particularly in terms of income, spending, and productivity) suggest the pragmatism of effective AIDS policy, coupled with sufficient funding to implement it. Further, we beg you to consider how dollars invested in prevention now, will result in enormous savings for the Federal Government in the future. Please, please think of how those savings will accrue through funding effective education programs to prevent HIV infection. The sole alternative is the phenomenal expense of patient care in the indefinite future, and human misery beyond belief.

Finally, please do not allow important National policies to be set by a few highly misinformed individuals with terribly narrow agendas, many of them ostensibly revolving around religion and sexuality. The core issue is not sexuality, nor homosexuality, nor even morality: Quite clearly, AIDS is an Health and Human Service issue. To further postpone the containment of this epidemic by the failure to address issues clearly, is a folly of an unimagined magnitude.

You who are yourself so adept at turning a popular phrase to your advantage, will understand when we say to you:

Mr. President ..... READ OUR LIPS
10 Years ... 135,000 deaths ... One Million Americans Infected
ENOUGH IS ENOUGH!

Thank you for your attention to this letter and the requests it contains.

Yours Sincerely,

Efficacy of ddI for HIV, AIDS Gauged

For people with asymptomatic HIV-infection or AIDS-related complex, ddI may be more effective than AZT, a new study suggests.

But for patients with full-blown AIDS, the study found that ddI (Videx, Bristol-Myers Squibb) was no more effective than AZT (Retrovir, Burroughs Wellcome).

More than 900 subjects took AZT for at least four months and then were randomly assigned to remain on the drug or switch to a low (500 mg/day) or high (750 mg/day) dose of ddI.

ddI led to a greater delay than AZT in the development of the first AIDS-defining illness among patients who were asymptomatic or who had ARC, according to James Kahn, M.D., assistant clinical professor of medicine at the University of California, San Francisco.

The less expensive, low-dose drug also was associated with 33% fewer new opportunistic infections than AZT and higher CD4 counts. There was no difference, however, in patient survival, Dr. Kahn noted.

The incidence of side effects were similar with the two drugs.

Medical Tribune

PROJECT INFORM

- **Learn your options** and line up your support.
- **Get tested,** *anonymously.*
- If positive, **maximize your health,** get a complete physical and full immune health workup, and consider **anti-viral treatment**. For women, also get "gyn" and Pap tests every six months.
- **Monitor CD4 cells quarterly,** *(no matter how high your count)*, charting the trend.
- *If the CD4 trend is downward or consistently below 500,* **use an anti-viral** (ideally a combination).
- *If the CD4 trend stays below 300,* **use preventive treatment against PCP** (oral drugs if possible). If the count continues to fall below 200, consider preventive treatments against other opportunistic infections.
- *If the count stays below 75,* **intensify monitoring,** take preventive action against MAC/MAI and fungal infections (at least).

CD4-PE40: New AIDS Drug Acts Like a Smart Bomb

CHAPEL HILL, NC (AP) — Researchers soon will begin human tests of a drug that doctors say acts like a smart bomb in going after the virus that causes AIDS.

"This is an incredibly novel and exciting way to fight the virus," said Dr. Charles van der Horst, director of the University of North Carolina at Chapel Hill's AIDS clinical trials unit and lead investigator of the study.

The experimental drug differs from AZT and ddI, the only federally approved drugs for treatment of AIDS, because it attacks the virus in a new way. Rather than interrupting replication of the virus, the new drug selectively destroys infected cells.

Scientists have used similar approaches to fight cancer and other diseases, with limited success. Researchers hope the drug, the first of its kind to battle the AIDS virus, will succeed in wiping out an infection that overpowers the body's immune system.

If the drug proves successful, van der Horst expects that it will be used in conjunction with drugs already on the market. Most AIDS researchers think the surest approach to beating AIDS will be with multiple drugs that fight the disease on different fronts.

AIDS is caused by the human immunodeficiency virus (HIV), which attacks certain white blood cells. Since white blood cells fight infection, the body becomes vulnerable to infection when overtaken by the virus.

Once a cell is infected with HIV, proteins from the virus often can be found on its surface.

The drug uses part of the protein known as CD4 to carry a poison to the infected cells. The CD4 recognizes these telltale proteins and hones in on them, targeting the infected cells for destruction.

"It's just like a smart bomb," van der Horst said.

The drug, CD4-PE40, was developed by National Cancer Institute researchers, and made by The Upjohn Co. under a contract with the National Institutes of Health.

In preliminary safety studies, researchers at the National Institutes of Health gave single doses of the drug to 20 patients. Scientists at UNC-CH, John's Hopkins University and the University of California, Los Angeles are about to begin the first multidose study.

The researchers foresee a number of hurdles. First of all, some HIV-infected cells don't have the marker protein on their surface so the drug won't be able to find them. Another problem is that the body may develop an immune response to CD4-PE40, making the drug ineffective. And, the side effects may prove to be intolerable.

Dr. Charles Flexner, assistant professor of medicine at John Hopkins and a scientist involved in the research, said similar approaches to treating cancer have been disappointing.

San Francisco Sentinel

AZT Prolongs Life If Taken Pre-AIDS

by David A. Danar, M.D.

People infected with HIV live longer if they start taking AZT and anti-pneumonia drugs before they develop full-blown AIDS, a study has found.

The findings add to the list of benefits scientists report in a recent issue of *The New England Journal of Medicine.*

The study of 2,568 men found those with HIV who took AZT before they developed AIDS were more likely to be alive up to one-and-a-half years later than those who did not take the drug before they developed AIDS.

AZT users who also took drugs to prevent *Pneumocystis carinii* pneumonia (PCP) were more likely to be alive two years after entering the study than AZT users who did not start therapy early in the course of HIV infection.

Treatment to prevent PCP consisted mainly of aerosolized pentamidine (Nebupent, Lyphomed).

The doses of AZT used by many men in the study were higher than those recommended by the FDA, said co-researcher Sten Vermund, M.D. But the recommended lower doses are even more likely to prolong life because fewer people will have to stop taking the drug due to side effects, Dr. Vermund said.

Clinical trials have shown that lower doses of AZT are tolerated by 98% of people who take it before they develop full-blown AIDS, Dr. Vermund said.

Medical Tribune

Looking at New Weapon in Fight Against Opportunistic Infection

Approved by the Food and Drug Administration last November for the treatment of respiratory tract and skin infections, clarithromycin may also be effective against disseminated *Mycobacterium avium* complex (MAC).

In a study headed by Professor Bertrand Dautzenberg of Groupe Hospitalier Pitie-Salpetriere, Paris, researchers found steep decreases in the *M. avium* bacteremia colony-forming unit (CFU) counts of eight patients treated with clarithromycin. Six of those dropped to zero.

The study's authors emphasized that "although our data indicate that clarithromycin shows definite activity against *M. avium* within six weeks of treatment, this interval is definitely not enough to cure all patients with AIDS of the infection."

The study appeared in the *American Review of Respiratory Disease.*

In another study, presented at the Interscience Conference on Antimicrobial Agents and Chemotherapy, long-term administration of clarithromycin with clofazimine also was found useful against *M. avium* infection in AIDS patients.

No patients discontinued treatment because of side effects.

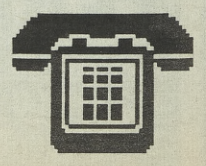
Until the AIDS epidemic, fewer than 100 cases of disseminated MAC were reported in this country. AIDS patients with the infection live an average of five months after diagnosis.

Clarithromycin is distributed by Abbott Laboratories, of Abbott Park, Ill., under the brand name Biaxin.

Infectious Disease News

AIDS CLINICAL TRIALS INFORMATION SERVICE

The AIDS Clinical Trials Information Service (ACTIS), sponsored by the U.S. Public Health Service, offers up-to-date information on federally and privately sponsored HIV/AIDS clinical trials and drugs used in the trials. To access the service call 1-800-TRIALS-A.



Treatment News

Using Foscarnet for CMV Retinitis

by Barry L. Carter, PharmD

Foscarnet (Foscavir) recently was marketed for the treatment of cytomegalovirus retinitis in patients with AIDS. Foscarnet, or phosphonoformic acid, inhibits replication of all herpes viruses including CMV.

A recently reported trial compared foscarnet to ganciclovir in the treatment of CMV retinitis. There was no difference between drugs with regard to progression of retinitis.

In this study, foscarnet was not as well tolerated as ganciclovir. The primary toxicity with foscarnet is renal (kidney) impairment.

Clinical experience has demonstrated that some degree of renal impairment occurs in most patients. The drug should be used with caution in patients with a history of kidney problems. Toxicity can occur at any time but is more common during the end of the induction, or beginning, phase of therapy. The dosage must be adjusted for renal impairment.

Other more common side effects include fever, nausea, anemia, headache and seizures.

Foscarnet is a new antiviral agent approved for use in AIDS patients with CMV retinitis. The drug does not cure the infection, but slows the progression of the disease. The drug is an alternative to ganciclovir, and both agents appear to have similar efficacy. The advantage with foscarnet is that antiretroviral therapy dosages can be maximized in more patients.

However, foscarnet has more significant toxicity requiring drug discontinuation. Continued studies should help clarify the role of foscarnet for CMV retinitis.

Infectious Disease News

Rifabutin Used for Treatment of MAC

by Sonya Cox
HIV/AIDS Editor
MGW

A bacterial infection which until recently has been extremely difficult to treat is now responding favorably to yet another drug. *Mycobacterium avium* complex (MAC) causes fever, sweats, weight loss, abdominal problems, and anemia in people with low T-cell counts. In the past, it was treated with a combination of drugs which resulted in uncomfortable side effects.

Showing more and more promise in possibly preventing and delaying MAC infections in the bloodstream is the drug, rifabutin. Last year, clarithromycin and azithromycin were considered the most viable treatments for MAC. A drug to prevent this infection would be a major step forward.

The majority of people develop MAC in late-stage HIV infection. This bacteria is similar to that which causes tuberculosis, but can be devastating when it spreads to the bloodstream, bone marrow, lymph nodes, or liver. The results of testing a few hundred people have been favorable. The Food and Drug Administration (FDA) has authorized compassionate use distribution of rifabutin to people with advanced AIDS.

It is estimated that as many as 5,000 of the 75,000 Americans living with AIDS will eventually receive this drug through FDA's expanded distribution (treatment IND — investigational new drug) program. FDA is considering allowing prescription sales of the drug.

For Good Advice ... Go to Hellena Handbasket

Dear Miss Hellena:

I'm tired of waiting for Mr. Right to come along, and I want to explore the whole casual sex thing. This is something I have never really tried before, but I'm a big boy, and I think I can handle it. I want to have more sexual experiences, and I don't seem to be getting them any other way. Anyway, the real reason I am writing you is that my favorite thing in the world is being screwed, and yet I realize this is what puts you most at risk for HIV infection. Am I crazy to be considering this move, or what?

Please advise me — I don't want to do something I'll regret.

Boy Toy Wannabe

Dear Boy:

First of all, congratulations. It seems to me that you are doing two very positive and proactive things here that many of us are unwilling to do: namely, looking at new options when old decisions we have made no longer work for us; and taking responsiblity for ourselves (and for what we want) by deciding how we are going to go about making changes.

As to your question: yes, receptive anal sex is potentially the single most at-risk behavior for HIV transmission. Indeed, many Health Educators recommend not engaging in anal sex, period. However, Miss Hellena acknowledges that this activity is important (both physically and psychologically) for many of us, and therefore, often not negotiable. She also feels that anal sex can be engaged in with a high degree of safety. The bottom line is: yes, you are taking some risk.

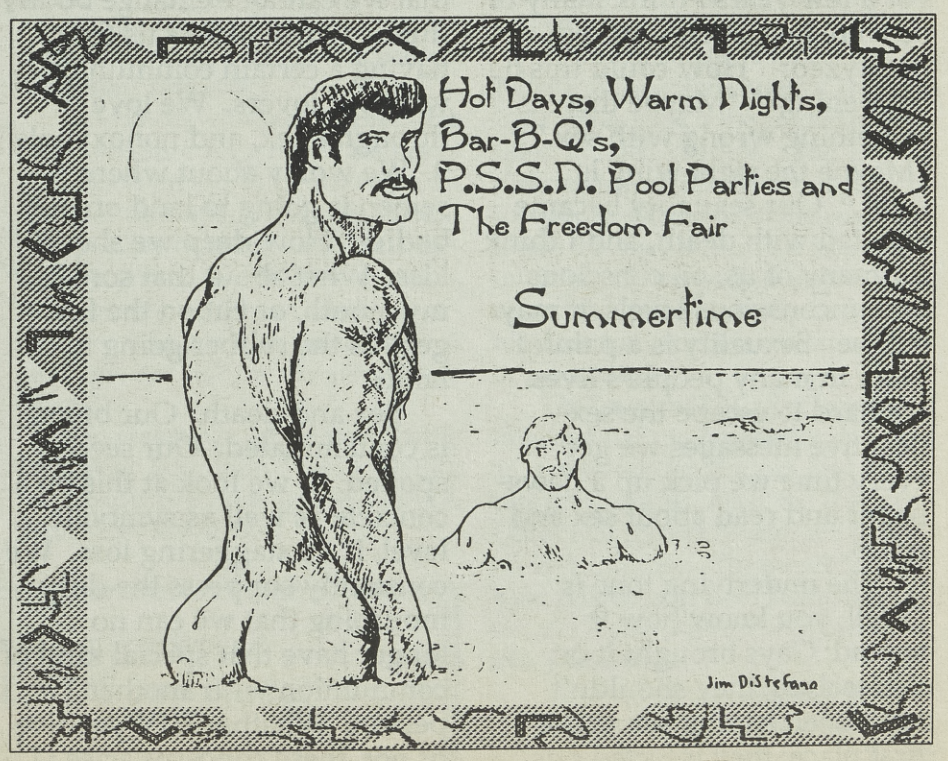
Obviously, using latex condoms and water-base lube are prime pre-requisites for safety. Many people negotiate not letting their partner(s) come inside them — indeed, this is one of the cornerstones of all safer sex practices. However, in this case we are talking about not coming inside a partner even while wearing a condom, which dramatically reduces the <u>potential</u> of risk. After all, if someone is fucking you and the condom breaks, and neither of you realize this <u>and he comes inside of you,</u> then you have indeed been put at risk.

Of course, the other side of the coin is that, while pulling out and coming on one's partner may be the standard fare of gay "art" films, the reality is that intercourse to orgasm can be (for both the insertive and the receptive partner) the most intimate and connective (not to speak of sexy and earth-shattering) experience. After all, one of the great 'mysteries' of sex is the dissolution of boundaries and merging with one's partner in the intensity of experience, and pulling out before orgasm can be the antithesis of this. But do think this one through for yourself, in terms of pleasure vs. potential risk. Remember, the expression "to die for" was meant as a figure of speech.

At any rate, with "casual" or any other kind of sex, hedge your bets by buying and using those condoms best rated for strength and safety: GOLD COINS; CROWNS (manufactured by OKOMTO, formerly under the name "SKINLESS SKINS"); BEYOND; KIMONO; MAXX; SHEIK; RAMSES — all highly rated for strength and performance. With, of course, a good water-base lubricant (like ASTRO-GLIDE, FOREPLAY, or WET) and LOTS of it (which helps prevent tearing or breakage.)

Miss Hellena strongly suggests developing clear limits for what you

See **HELLENA** *on page 15*



Alternative Approaches

Reclaiming Your Sexual Self

by Nicholas Joyner

We live in a "sex-negative" culture. Many of us were taught to not have sex, not talk about it, not be around it, not have fun doing it, and to feel bad when you did it. The message is: "It's bad, it's wrong, and it just may kill you."

Gays were the vanguards of the sexual revolution. Our atomic powered libidos worked synergistically en mass, exploding mainstream cultural values, dismantling centuries of oppression, and ushering in a new era of sexual experimentation. One of the greatest things about the gay sexual revolution was that, for the first time, it made sex OK. It was a profoundly healing time in our history, because all of a sudden we began to break free of the homo-hating theologies that had been brainwashing us for centuries. It was OK for us to have sex. It was OK to do what you wanted. It was OK to fulfill every fantasy that you could imagine. It gave many of us permission to explore our sexuality, free from the vice grip of shame.

The golden era did not last long. Along came AIDS, and it terrified everyone. It initially threw our community into a vortex of chaos and confusion. For a few years I think many of us were just, shell shocked, paralyzed: "How could this be happening?" "Maybe there is something wrong with sex." "Maybe the right wing is right." Our sexuality became equated with death, and I think for many of us, on conscious and unconscious levels, it may still be. Sexuality is a painful place in many people's lives. It's hard to escape the sex-negative messages we get every time we pick up a newspaper and read about sex and AIDS.

The underlying tone is: "Well, you know how it spread; Gays brought it on themselves; they shouldn't have been having sex in the first place; they infected our blood supply." The constant barrage of AIDS linked horror stories we see and hear in the media merely serves to entrench the age old taboo of same-sex love. It confirms internalized homophobia, and awakens the self-hatred that queers have been fighting against.

In a way, it confirmed the position of the conservative right, but now it's time to prove Jesse Helms wrong, because there is nothing wrong with our being sexual. It is not because gay men are sexual that this virus started. It is a virus; and the best conduit for HIV happens to be blood and semen. It's important to separate the HIV virus and our sexuality, they are not one. It is time to reclaim our sexuality as a healing force within us.

Safer Sex ...

Sex has changed, maybe forever. There is no safe sex. There is only safer sex. To have truly "safe sex" you cannot exchange bodily fluids — period. The only safe sex is dry sex. On the surface, many of us have gotten used to the reality of safe sex. But on a deeper level, this is a tremendous loss, and I am not sure we have realized the magnitude of grief that this brings up in the psyche. We've been taught that we cannot exchange bodily fluids, which blocks us from having a certain communion with our lovers. We love through latex, and nonoxynol-9. We worry about where semen is going to land on our bodies. How deep we should kiss. What about that sore in my mouth, or cut on the finger? Is the rubber going to hold?

Sex and death. Our blood is contaminated. Our seed is spoiled. If we look at this on a concrete as well as symbolic level, it's a staggering loss. We constantly suppress the deep mourning that we can no longer have that special kind of communion with another person. Whether HIV positive or not, these concerns arise. I think it is this deep longing for connection that sometimes tempts some of us to play the edge of riskier sex. To kiss, or not to kiss? To suck, or not to suck?

Healing Our Sexuality

How do we claim our sexuality as a healing force within us? AIDS is a reality, and it seems like it's going to stay. The first step in reclaiming our sexuality is to be as conscious as possible. Where did you come from? Who are you? Where are you going? What really matters?

In our culture, sexuality is often reduced to cruising, chasing, scoring, shooting. Is there any alternative to the modern obsession with self-centered genital sexuality and its pursuit of youth, size, and orgasm?

Enlightened sexuality has quite a different perspective. In other cultures and esoteric traditions, sexual energy has been harnessed as a tool for healing and transformation. In Chinese and Hindu philosophy, sexual energy is thought of as our core lifeforce energy. Part of the esoteric inner knowledge is the use and awareness of sex (and sexual energy) as a means to encourage mystical states of consciousness. Sacred sex is a way of developing an erotic sexuality that is not narrowly focused on a small area of the body — the genitals, but encourages eroticizing all parts of the body. This kind of sexuality is not fueled by private fantasies, but requires that in our sexual play we be centered in our heart, aware of our breath, and present in our entire body.

One way of burning through all the layers of cultural shame and negative beliefs about sex is to confront your body directly. Have a conversation with your body. Ask yourself what parts of your body you like and what parts you don't like. Realize that what you don't like is not only a conditioned response from all of the idealized imagery we get from movies, magazines, and advertising, but is one of the many ways you may keep your body frozen and incapable of transmitting sexual energy. Learn to love and accept your body.

AIDS has compounded many of the confusing issues around sexuality. But sex and love, with or without AIDS, is a perplexing balancing act. Carl Jung writes, "The erotic instinct is something questionable, and will always be so whatever a future set of laws may have to say on the matter. It belongs, on the one hand, to the original animal nature of man, which will exist as long as man has an animal body. On the other hand, it is connected with the highest forms of the spirit. But it blooms only when spirit and instinct are in true harmony. If one or the other aspect is missing, then an injury occurs, or at least there is a one-sided lack of balance which easily slips into the pathological. Too much of the animal disfigures the civilized human being, too much culture makes a sick animal."

Conscious sexuality holds desires within the mysteries of initiation, a kind of theater of the sublime where the sexual body and the emotions of love meet at the risky edge.

Reclaiming your sexual self is a process. It's an individual path and takes time and patience. It's a gradual opening of the mind and body to that which is divine in yourself and your partners. Embracing our sexuality means owning our desire, including the desire to experience aliveness, and thus change. As William Blake put it, "our desires are holy."

San Francisco Sentinel

Affirmations

Imagine a little child inside, who you love.

Alternative Treatments Forum in San Francisco

by Arturo Jackson III
HIV/AIDS Editor
the latest ISSUE

A recent public forum, "Alternative Approaches to the Treatment of HIV/AIDS," sponsored by a network of Bay Area community and activist groups in San Francisco, featured six speakers known for their expertise and knowledge on the state of alternative therapies and their relative importance to people with HIV infection. The panel was moderated by Crystal Mason, an HIV activist involved with the Women's AIDS Network. The event was sponsored by ACT UP/San Francisco, AIDS Treatment News, the PHREDA Project, the San Francisco AIDS Foundation, and the Women's AIDS Network.

"It's important to realize that we are in the middle of something identified by *Time* magazine as a new age of alternative medicine," stated Donald Abrams, M.D., co-director of AIDS Services at San Francisco General Hospital. The magazine article described the baby boom generation as people who generally resist and reject authority. "People are seeking alternatives to traditional western medicine," stated Abrams, "especially with a disease like AIDS in our society and culture." He noted that even the current approved HIV treatments are in a sense alternative treatment modalities. "In a way everything we do is unproven and unresearched, because it's all so new," added Abrams.

Abrams spoke on a number of alternative treatments including DNCB, Isoprinosine, Ribavirin, AL721, DTC (Imunthiol), Hypericin (also known as St. John's Wart), and oral Alpha Interferon (Kemron). These treatments have been tested in various clinical trials showing no benefit from treatment and in many cases, significant side effects and toxicities. Many of these are offered at high prices which result in large profits for suppliers and little or no benefit to people infected with HIV or AIDS.

Other panelists included Ann Fairbank, an Ayurvedic health promoter. "Ayurvedic is a health care system that originated 5,000 to 6,000 years ago," stated Fairbanks. She stated that Ayurveda is a natural health system based on the connection between mind and body. Also on the panel was Carol Francois, an acupuncturist at Bayview Hunter's Point in San Francisco; Josh Piagentini, a traditional Chinese herbalist, and Irene Smith, founder and director of Service Through Touch, a healing massage experience also based in San Francisco.

Amanda Peletz was also a featured speaker, and discussed living with HIV as a young mother, and her will to survive. "I do what feels right to me intuitively," stated Peletz. The young woman stated that she was her best health care provider. "The way I go about choosing what I do with myself, is not about discipline, it's about loving myself," she emphasized.

The panelists shared their knowledge, strength, and hope, for those in attendance, and for people with HIV.

Affirmations

Remember ... Nobody else could be you. You are a necessary part of the universe.

Licorice Root Extract for HIV

Glycyrrhiza (licorice root) is a widely used plant in both Oriental and Occidental botanical medicine. Glycyrrhiza contains various substances which have shown positive results for people with HIV. Glycyrrhizic acid inhibits growth of several viruses, including varicella zoster (shingles) and herpes simplex. Glycyrrhiza sulfate, a structurally related substance found in licorice root, can inhibit reverse transcriptase activity and has shown significant anti-HIV activity in the test tube. Glycyrrhiza also has broad spectrum antimicrobial action against *Staphylococcus aureus, Streptococcus mutans, Mycobacterium smegmatis,* and *Candida albicans.*

Medical studies have been done to evaluate the effects of Glycyrrhiza on people with HIV. In one study of 20 asymptomatic patients, none of the 10 participants receiving glycyrrhiza progressed to symptoms over a period of 1 to 2 years, whereas 3 of the 10 untreated participants developed symptomatic disease (2 developed AIDS, 1 developed lymphadenopathy).

In addition to its antiviral properties, Glycyrrhiza has other important medical actions. It can help protect the liver. This protective action can be quite beneficial to those who take medications which can be toxic to the liver, those with a history of hepatitis (A or B), or those with elevated liver enzymes.

Another important action is Glycyrrhiza's anti-allergy and anti-inflammatory enhancing effects. Glycyrrhiza acts with substances in the body to enhance the body's inflammatory response to allergic reactions and general inflammations.

As with almost any substance, it is important to consult with an informed health care provider before using a product. Glycyrrhiza can cause adverse reactions and should not be used by everyone. The most common problems, which are usually associated with high doses, include high blood pressure, edema (swelling of the ankles, writs, or face), and muscle pain, weakness, or paralysis. Because Glycyrrhiza acts as a natural steroid, it can also cause potassium depletion and sodium and water retention. An important caution is that water retention can cause sudden weight gain which is often misinterpreted as a sign that the treatment is working, when it is actually a dangerous side effect.

Individuals with heart disease, high blood pressure (or a family history of high blood pressure), or who eat a lot of salt or take certain diuretics, should be especially cautious when considering Glycyrrhiza as a treatment option. Also, people who have alcoholic cirrhosis or who are taking insulin are at much greater risk for dangerous side effects.

For a reference list, contact Seattle Treatment Education Project (STEP), 127 Broadway E, Suite 200, Seattle, WA 98102, 206/329-4857.

Looking for that someone special?
*See the **PERSONAL ADS** on page 16.*

Naturopathic Resources ...

by Michael Kane

Seattle Treatment Education Project (STEP) works with naturopathic doctors to investigate books or articles which provide valuable information about natural and alternative approaches to HIV/AIDS treatment. A number of doctors and clinicians at the Bastyr Natural Health Clinic in Seattle recommend books and publications to anyone living with HIV/AIDS or their friends. These publications provide a broad range of information which reflect the diversity of naturopathic medicine.

Healing AIDS Naturally: Natural Therapies for the Immune System by Laurence Badgley, MD (Human Energy Press), by far the most often mentioned resource. This book offers a comprehensive guide to the natural healing approach. Dr. Badgley provides the reader with a good overview of immune system function and dysfunction. He applies the many different aspects of natural medicine to the issue of HIV infection. The striking aspect of this book is its inclusiveness: it contains everything from nutrition to acupuncture. Each section has its own reference list, making this book a good springboard into specific areas of interest.

Quantum Healing: Exploring the Frontiers of Mind/Body Medicine by Deepak Chopra, MD (Harmony Books). "Chopra does a great job of explaining the relationship of the mind-body connection in healing," said one person. The book explains how health and sickness in the human body are controlled by awareness.

AIDS and the Healer Within by Nick Bamforth (Amethyst Books). The highlight of this book is the guided meditations in each chapter. The book is directed to gay men and deals straightforwardly with some of the emotional issues that may arise in the face of HIV infection. Some people may want to record the guided imagery onto a tape to be used as a tool for relaxation and/or meditation.

The Townsend Letter for Doctors is an informal holistic newsletter designed as a network for doctors and health care professionals. Often the Townsend Letter will report on natural therapies for HIV infection. The monthly newsletter is obtainable from Townsend Letter, 911 Tyler Street, Port Townsend, WA 98368-6541.

Seattle Treatment Education Project (STEP)

RESOURCE

Support Groups

HIV+ Emotional Support Group
Facilitators: John Linder, Will Green
Place: Buhler Building, 2800 L St., classroom #1, 95816
Time: 1st & 3rd Wed., 7:30 p.m.
Pager # 762-6282

The Positive Group
Membership: HIV+ substance abusers & their significant others. Fee: none
Contact: Vicki or Lon, The Effort
Phone: 916/444-6996
Place: 1820 J St.
Purpose: Emotional support and a place to discuss status drug problems.

AIDS/ARC/HIV+ North Hall AA Group
Open to everyone with a desire to stop drinking.
Time: Sun., 4 p.m.
Place: MCC, 2741 34th St.

Brother to Brother
Membership: Gay African-American HIV+ men's support group. Dealing with HIV, ARC or AIDS? Tired of not being counted?
Contact: Project Survival, Fee: none
Phone: 916/454-0516
Time: Mon., 7 p.m.
Place: Call for location
Purpose: Emotional & social support. Strictly confidential.

Grupo Para Latinos
Infectados y afectados con la virus HIV, Latinos de Habla Hispana o Bilingues.
Facilitado por Gloria Avelas, LCSW
Telefono: 916/448-2437
Tiempo: Cade otro lunes, a las 6 p.m.
Lugar: SAF, 920 20th St.

MCC People Together
Membership: People who are HIV+, ARC or AIDS, or other catastrophic illnesses & those who love & support.
Fee: none
Contact: Sandy or PJ
Phone: 916/454-4762
Time: Tues., 7:30-9 p.m.
Place: RCMCC Activity Center, 2741 34th St.
Social & spiritual support group sponsored by the River City Metropolitan Community Church. All welcome.

Sister to Sister
Emotional & social support for women of color who are HIV+, ARC or AIDS. Childcare & transportation available.
Fee: none. Contact: Rosie Cristian, Project Survival. Phone: 916/454-0516
Time: Mon., 5-7 p.m.
Place: 3501 Broadway

Women's Hemophilia Support Group
Facilitator: Cecilia DeCuir
Time: 2nd Weds of each month, 7-9 p.m. For more information 448-7444

Men's Hemophilia Support Group
Facilitator: Steve Keale
Time: 3rd Thurs. of each month, 6:30-8:30 p.m. For information: 443-7747

Support Groups for Partners, Family & Friends

Grief & Bereavement Support Group for family & friends of people with ARC/AIDS or who are HIV+.
Contact: Stacie Blaine, MFCC Intern
Phone: SAF, 916/448-2437
Time: Mon. 6-8 p.m. Call for location.

HIV+/AIDS Family Support
Emotional support for parents & adult siblings, among the HIV/AIDS spectrum: diagnosis through bereavement.
Fee: none
Contact: Pastor Todd VanLaningham
Phone: 916/483-5691 or 916/456-9642
Time: 1st & 3rd Thurs., 7-8:30 p.m.
Place: Lutheran Church of Our Redeemer, 4641 Marconi Ave. at Mission

Parents Support Group
Membership: Education and emotional support for parents of adults & children with hemophilia. Fee: none
Time: 3rd Thurs., 7-8:30 p.m.
Place: 2100 Capitol Ave., 95816

Mothers Only Support Group
Membership: Mother's peer support group. Contact: Frances Wright, 916/646-6122. Fee: none
Time: Tues., 1:30 p.m.
Place: SAF, 920 20th St., 2nd floor
Purpose: Support for mothers of people with HIV, ARC & AIDS & mothers who have lost sons & daughters to AIDS.

Support Group for Loved Ones
Now forming. Partially instructional and partially sharing. Open to the general community. For information, call Sandi Kiehn at CARES, 443-3299.

Spiritual Groups

Transformational Energetics
Workshops on transformation & healing primarily focused on deep healing issues for people with HIV & other life-threatening illnesses.
Contact: Michael Dulling, MD
Phone: 916/422-1234
Fee: negotiable

Support Services

Sacramento AIDS Foundation
Provides regional AIDS case management, AIDS education, client service, benefits counseling. Hand to Hand emotional & practical support volunteers available to clients diagnosed ARC/AIDS.
Place: 920 20th St., 2nd floor
Hours: Mon.-Fri., 9 a.m.-5 p.m.
Phone: 916/448-2437

Freedom from Smoking Clinic
Free self-help program available Mon. at 5:30 p.m. A one-time orientation meeting with full program packet. Bob Hall, licensed counselor available for free individual help.
Place: LAMBDA Community Center
Phone: Sue 916/442-0185 for info

Women's Support
Education & emotional support for women with HIV/ARC/AIDS. Fee: none
Contact: Donna Robertson, Sacramento AIDS Foundation
Phone: 916/448-2437
Time: Call for time and location.
Purpose: Education & emotional support for women with HIV/ARC/AIDS.

Del Oro Regional Resource Center
Membership: Brain impaired adults
Contact: Connie Garver
Information & referral contractual service for legal & financial advising, counseling, respite care & referral to support groups. Place: 3625 Mission Ave., #300, Carmichael, 95608
Phone: 916/971-0893

CARES Clinic
Provides counseling, early intervention/medical attention to HIV+ individuals.
Place: 2710 Capitol Ave.
Hours: Mon.-Fri., 9 a.m.-5 p.m.
Phone: 916/443-3299.
Fee for service

AIDS Survivors of Nevada County Inc., (ASNC)
Membership: All HIV+ persons in Western Nevada County, since 1989. Professionally facilitated support group meets every Wed., 7 p.m.; caregiver referral, HIV resource library, speakers bureau, social events.
Phone: 916/265-0620

Hemophilia/HIV Peer Association
National organization advocating for better medical care and financial assistance for people with hemophilia-related HIV. P.O. Box 931, Nevada City, CA 95959.

LAMBDA Community Center
Information & resources to help the individual with HIV.
Place: 1931 L St., Sacramento, 95816
Hours: 10 a.m.- 6 p.m. Mon.-Fri.
Phone: 916/442-0185; info line: 916/447-5755.

Being Alive "Living Room"
Drop-in social time for people living with HIV at the LAMBDA Community Center every Thurs. from 2-5 p.m.
Place: 1931 L St., 95816
Phone: 916/442-0185.

Sierra AIDS Council
Support services for people dealing with HIV in Amador, Calaveras & Tuolumne counties. P.O. Box 1062, Sonora, CA 95370
Phone: 209/533-2873

W.C.I.C. (Women's Civic Improvement Club) Project Survival
Minority issues & AIDS
Place: 3501 Broadway
Phone: 916/454-0516
Contact: Nadine L. Roberts

Alcoholics Anonymous
7500 14th Ave., #27, Sacramento
Phone: 916/454-1100

The Effort
IVDU treatment program, AIDS education, counseling, and confidential testing. Place: 1820 J St., Sacramento
Phone: 916/444-6294

Hospice Care of Sacramento, Inc.
Providing services to persons coping with a terminal illness & their families.
Fee: none. Place: 2007 O St., #100
Phone: 916/443-0398

Planned Parenthood of Sacramento Valley
AIDS Education to youth detention, homeless shelters & classrooms.
Fee: none. Place: 1507 21st St., #301A
Phone: 916/446-0930

Gay AA Group "Trust the Process"
Time: Wed., noon-1 p.m.
Place: LAMBDA Center
Phone: 916/442-0185

Narcotics Anonymous
P.O. Box 162416, Sacramento 95816
Phone: 916/486-0465

Gay N.A. Group "Lavender Nights"
Time: Mon. & Fri., 8 p.m.
Place: Lambda Center
Phone: 916/442-0185

Placer County AIDS Foundation
12183 Locksley Lane, Auburn 95603.
Support services for those dealing with HIV in Placer County & surrounding areas. Phone: 916/889-2437

Positive Alternatives
A networking group providing information on herbs, vitamin supplementation and experimental drugs in relation to HIV disease.
Place: LAMBDA Center (20th & L Streets)
Time: 2nd Weds., 7-9 p.m.
Phone: 916/446-5253
Please bring yourself, friends, any information you might have and a receptive attitude.

Legal

Sacramento AIDS Legal Referral Panel
Contact: June Black or Ellen Juarez
Phone: 916/444-6760
Fee: reasonable or no fees for AIDS-related matters.
Place: 515 12th St.
(Must state that you were referred by the Sacramento AIDS Foundation).

Mental Health Providers

Mental Health Panel; counseling at reduced fees. Contact: Sacramento AIDS Foundation case manager, 916/448-2437; 920 20th St., 2nd floor, Mon.-Fri., 9 a.m.-5 p.m.

Suicide Prevention
Volunteers available 24 hours to help individuals through times of crisis. TTD capabilities for the hearing impaired.
Emergency: 916/368-3111
Office: 916/368-3118.

G U I D E

Medical Clinics

AIDS Related Disorders Clinic (ARDC)
Provides medical care to people with HIV disease.
Place: University of California, Davis, Medical Center, Primary Care Building, 2315 Stockton Blvd., Sac., 95817
Phone: 916/734-3282 (message)

AIDS Research Office UCDMC
Sheila Enders; Phone: 916/734-8282

CARES
Provides medical evaluation, personal counseling, health education & referrals for HIV positive people. Fee for service.
Place: 2710 Capitol Ave., Sac., 95816
Phone: 916/443-3299

HIV Clinic
Offers medical care for individuals who need a general work-up related to HIV infection. Fee: none.
Place: 1500 C St., Sac.
Phone: 916/440-5302

Infectious Disease Unit UCDMC
Phone: 916/734-3741

County AZT Program
Place: 2921 Stockton Blvd., Sac.
Phone: 916/732-3770

HIV Antibody Testing

Capitol Health Center
Place: 1500 C St.
Call for information & appointments for free, anonymous test.
Time: Wed. & Thurs. 8 am.-5 p.m.
Phone: 916/440-7720

The Effort
Call for information & appointments for confidential test.
Time: Tues. & Thurs. evenings.
Phone: 916/446-6467, after 3 p.m.

Hispanic AIDS Community Educational Resources
HIV anti-body testing with bilingual counselors.
Place: 7000 Franklin Blvd., #210
Time: Tues. evenings 5-7 p.m.
Phone: 916/392-7815 or 916/734-8282

Political

ACT UP/ Sacramento
A diverse, non partisan group of individuals united in hope and anger and committed to direct action to end the AIDS crisis. Affiliated with similar organizations around the U.S. and in several foreign countries. Confronts officials, protests, lobbies, demonstrates. 1st and 3rd Wed., of every month. 900 V St., 8 p.m. 863-3025

Lobby for Individual Freedom & Equality (LIFE)
Statewide AIDS lobbying group representing 100 gay, lesbian & AIDS organizations
Place: 926 J St., #1020
Phone: 916/444-0424

Lambda Letters Project
Organizes letter writing campaigns expressing community opinions on women's issues, gay & lesbian rights & AIDS issues. The group also offers letter writing assistance to people who would like to express their viewpoints.
Phone: 916/965-6851

Food

Food Bank
Monthly food exchange. $13 for $40-worth of food (payable 1st Mon. of month). Contact: Shoshana Zatz, SAF
Phone: 916/448-2437

A Touch of Sabbatt
A monthly delivery service of home-made chicken soup & challah (bread) the last Friday of each month for people with AIDS or ARC. Free food closets
More info: 916/921-1313 or 916/482-1432

Products

Sunergy - Herb Food Concentrates
Sunrider nutritional products & philosophy formulated after the ancient Chinese tradition of nourishing the body with whole foods & the proper combination of herb foods.
Local distributor: Gina Milbourn
Phone: 916/991-0860

Reliable Medical Resources
Quality health care products ranging from personal AIDS/support equipment, incontinency protections & skin care products. Available at no cost to individuals with Medi-Cal/Medi-Care coverage. Lowest cost to insurance plans & private pay.
Phone: 916/383-6868

Information

Project Inform
Non-profit information resource group & hotline for alternative & experimental treatment updates including Compound Q, alpha interferon, AZT, aloe vera juice, ribavirin, DNCB, etc.
Hotline: 800/822-7422 or 415/928-0293.

AIDS Treatment News
Bi-weekly publication that covers up-to-date issues on alternative & holistic therapies. Subscription charge with a reduced rate for people with HIV. Write John James, P.O. Box 411256, San Francisco, CA 94141.
Phone: 415/255-6588

Treatment Issues
GMHC Dept. of Medical Info., 129 W. 20th Street, New York, NY 10011
(Published 10 times yearly)

National AIDS Information Clearing House
Local & national computerized resource listings & informational publications, many available free of charge to people with HIV such as the AmFAR (American Foundation for AIDS Research) Directory of Experimental Treatments.
Phone: 800/458-5231 or 212/719-0033

BETA (Bulletin of Experimental Treatments for AIDS)
Publication of the San Francisco AIDS Foundation. Educational resource for people reviewing experimental treatments for HIV.
Phone: 800/FOR-AIDS for sample copy & information

NIH (National Institute of Health)
Drug Trials Information -- toll free phone line with information on federally funded clinical trials researching AIDS treatments with information provided by APA MONITOR (American Psychological Association).
Phone: 800-TRIALS-A or 800/874-2572

AIDS Library of Philadelphia
32 N. Third St., Philadelphia, PA 19106
Phone: 215/922-5120

AM-FAR - American Foundation for AIDS Research
1515 Broadway, Suite 3601, New York, NY 10036-8901
Quarterly AIDS/HIV Treatment and Clinical Trials Directory
Phone: 212/719-0033

Community Consortium
3180 Broadway, Suite 201, San Francisco, CA 94110. Quarterly Directory of Bay Area Clinical Trials
Phone: 415/476-9554

DAVIES TRIAL SEARCH
Davies Medical Center, 45 Castro Street, San Francisco, CA 94114
Provides individuals with computerized list of trials for which they qualify.
Phone: 415: 565-6368.

Northern California AIDS Hotline 800/367-2437

AIDS Drug Hotline 800/334-7422

UC Davis Medical Library (MED-LINE) 916/453-3529

Persons with AIDS (PWA) Hotline 800/367-2437 or 415/861-7309

National Association of People with AIDS
2025 Eye St., NW, #415, Washington, D.C. 20006

Teen AIDS Hotline 800/234-TEEN

National Library of Medicine
(for subject searches).
AIDS LINE: 301/496-6095

The NAMES Project
Educating the world by remembering those who have died of AIDS by creating memorial quilt panels with love.
2362 Market St., San Francisco
Phone: 415/863-5511

California State University, Sacramento, Health Center
Place: 6000 J St.
HIV info line: 916/278-6461

California Association of AIDS Agencies 916/447-7199

HOPE HOUSE 916/446-0874

LIFE AIDS Lobby 916/444-0424

Sacramento County AIDS Services/Information 916/366-2922

San Francisco AIDS Foundation 415/864-4376

State Office of AIDS 916/445-0553

Stop AIDS Project 916/442-5801

Suicide Prevention 916/368-3111

Teen AIDS Hotline 1-800-234-TEEN

Women's Civic Improvement Center (WCIC) 916/424-2862

Religious Services

River City Metropolitan Community Church (RCMCC)
Place: 2741 34th St., Sacramento
Phone: 916/454-4762
Sunday Worship Services: 9 a.m., 11 a.m. & 6 p.m., Sunday School during 11 a.m. worship for Children 2-12. TV ministry on Channel 17, 7 p.m.

Publications

the latest ISSUE
Sacramento's newest magazine for the gay community & its friends; P.O. Box 160584, Sac. 95816
Phone: 916/737-1088

MGW Newspaper
First & oldest newspaper for the gay community; 1725 L St., Sac. 95814
Phone: 916/441-NEWS

Patlar "Voice of Gay America"
P.O. Box 22402, Sacramento
Phone: 916/452-0769

BLK
BLK Publishing Company, P.O. Box 83912, Los Angeles, CA 90038-0912

The Sentinel
California's statewide gay newsweekly.
Phone: 415/861-8431 for subscriptions.

Bay Area Reporter (BAR)
Excellent info & news source. 395 9th St., San Francisco, CA 94103 Available at the LAMBDA or Tower Books or by subscription: 415/861-5019.

World Newsletter by & for HIV+ Women
Phone: 510/658-6930.
P.O. Box 11535, Oakland, CA 94611

Television

Being Gay Today
Programs from around the country, usually with segments on updates of HIV+ & AIDS health questions.
Channel 18, Tues. 10-11 p.m., repeated Thurs. 9-10 p.m.
Phone: 916/392-7025 for info

Workshops

The MENS Session
We all know we need to have safe sex, but maintaining changes in how we have sex can be very difficult. The MENS Session helps men adjust to those changes in a fun, sex-positive & information workshop. Fee: none Phone: SAF 916/448-2437 for dates & times

Healthy Living Series
Workshops on various health & wellness issues for people who want to learn ways to maintain & improve their health. Phone SAF, 916/448-2437.

Teens & AIDS

U.S. Blasted for Failure to Take AIDS Message to Teens

WASHINGTON — A congressional panel expressed alarm at the spread of AIDS among adolescents and condemned the federal government's response as "a national disgrace."

It concluded that federal efforts are "underfunded, uncoordinated and largely unsuccessful" in dealing with AIDS and can't meet the need for prevention among teenagers.

The House Select Committee on Children, Youth and Families said federal prevention efforts are hampered by moralistic restrictions that prevent explicit or specific information about high-risk sexual practices and the effective use of condoms.

Eight of 14 Republicans on the panel took issue with the findings, saying AIDS among teens is "a behavioral problem" rather than a health problem. In a dissenting report, they said sexual abstinence and strengthening the family, not more government programs, were the answer.

The prevalence of HIV among adolescents is unknown, but the number of teens with AIDS increased by more than 70% during the past two years. AIDS is now the sixth-leading cause of death among youth ages 15 to 24.

The panel said that while the number of teen cases is relatively small, nearly one-fifth of all U.S. AIDS cases occur among people in their 20s. Because of the incubation period, many may have been infected as teenagers.

The report also found:

- Less than 5% of the federal AIDS budget, excluding Medicaid, goes for research, programs or services that benefit teens.
- By age 20, 68% of females and 86% of males are sexually active. Among sexually experienced teens 18 and 19, nearly 25% of females and 20% of males report having six or more partners. Only half reported using condoms at first intercourse.
- AIDS among teens "is spreading unchecked" regardless of geography or economic status. Blacks represent 37% and Hispanics 19% of reported AIDS cases among teens.
- There is no coordinated government effort targeting teenagers

American Medical News

Few Teens Use Condoms Despite AIDS

Despite the threat of AIDS, few adolescents are using condoms, a study in *Pediatrics* has found.

Nearly 2,000 students from northern California inner-city junior high schools were surveyed. The researchers found that while many adolescents were aware of the effectiveness of condoms to prevent the spread of AIDS, few reported using them during sex.

Based on their findings, the researchers said information-oriented school- and community-based AIDSprevention programs will not succeed in getting adolescents to use condoms, because there is no association between knowledge andreventive behavior.

Instead, prevention programs should include decision-making exercises, rehearsal of self-protective behaviors, and group discussions on the value of condoms. Prevention programs should be initiated before puberty, the researchers recommended. The study, which appeared in the American Academy of Pediatrics' journal, called pediatricians and adolescent medicine specialists the most underutilized prevention channel for teens to discuss condom use in the battle against AIDS.

American Medical News

In Brief

Teens Have Many Partners

ATLANTA — One in five U.S. high school students has four or more sexual partners.

The Centers for Disease Control reports that 19% of students have had four or more sex partners; the percentage jumps to 29% by senior year.

Male students were more likely than females to be that sexually active, 27% to 12%. For black males, the figure was 60%, compared with 21% for white males.

Only a moderate number of sexually active students are protecting themselves against AIDS and other diseases, the CDC said. Of students who had engaged in sex in the previous three months, 45% reported using condoms. Among students with four partners or more, it was 41%.

The CDC's 1990 survey of high school health habits was its first. But the findings were dramatically higher than in similar previous studies.

A 1970 survey of females 15-19 found 29% had ever had sex; by 1990, it was 54%.

American Medical News

Explicit Lessons

MIAMI — Three years ago, Pete Zamora, then a high school honors student, learned he was HIV-infected. He hasn't stopped talking about it since.

"We have to start realizing this is not a moral issue any more," said Zamora, whose lectures are part of aggressive efforts in Dade County schools to inform youths about AIDS. "It's a health issue. If we don't think of it that way, we are going to be losing lives."

Florida, which ranks third in the nation in number of AIDS cases, behind New York and California, passed legislation in 1990 requiring AIDS awareness classes starting in the sixth grade.

Under the new AIDS curriculum in Dade County, fourth-graders learn about risky behavior and abstinence to avoid sexual transmission of AIDS. In the fifth grade, lessons include discussions on the proper use of a condom.

"Studies demonstrate that giving information on sex does not encourage students to have sex. Ignorance more than anything else infects people," said Frank de Varona, Dade associate superintendent.

American Medical News

Looking for a support group?

Turn to the RESOURCE GUIDE on pages 8-9

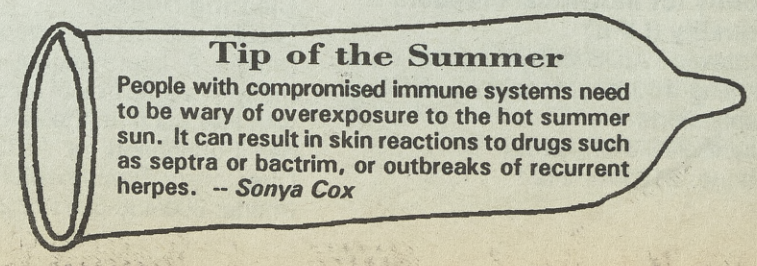
Get Real!

INDIANAPOLIS — Telling teenagers to "just say no" to sex is an incomplete and unrealistic message, says a professor who has developed one of the nation's first school curriculums on AIDS.

Adults who urge young people to abstain from sex without teaching protection against disease and pregnancy are missing the boat, Indiana University Professor William Yarber, HSD, told the National Association of the Advancement of Health Education.

Dr. Yarber argued that abstinence-only is being promoted "by ultra-right groups with a specific, absolutist ideology, and it's there perspective that sexuality should only occur within marriage. Reality shows, of course, that adolescents are sexual beings and are expressing that sexuality. I feel that it is inappropriate not to prepare them for this reality."

American Medical News


Tip of the Summer
People with compromised immune systems need to be wary of overexposure to the hot summer sun. It can result in skin reactions to drugs such as septra or bactrim, or outbreaks of recurrent herpes. -- Sonya Cox

In The News

Liability Fears May Slow AIDS Vaccine Development

At least five efforts to develop an AIDS vaccine have been slowed or cancelled due to fear of liability lawsuits, according to a report in a recent issue of Science.

The companies that have either given up or been hampered in their efforts to develop a vaccine include the Immune Response Corporation, Oncogen, Genentech, MicroGeneSys, and Wyeth-Ayerst.

MicroGeneSys reportedly abandoned efforts in Tennessee to begin testing a vaccine for reducing the incidence of HIV-positive babies born to infected mothers because the state offered no legal protection against liability lawsuits. After a delay, the company now plans to test the vaccine in Connecticut, where laws are more favorable, the report said.

An Oncogen vaccine program was completely scuttled, the report in Science said. An unnamed vaccine researcher at the company was quoted as saying that liability fears played a major role in the parent company's decision to stop producing a vaccine called HIVAC-le, even though it had proved promising in initial testing.

Paul DeStefano, former chief corporate counsel with Genentech and now a biotechnology attorney in Palo Alto, helped draft California legislation that would have outlawed liability claims unless a manufacturer had acted with gross negligence or willful misconduct.

The version of the bill that passed in 1986, however, still allowed for the possibility of a liability lawsuit, he said. Shortly thereafter, "Genentech made the decision to put its AIDS vaccine program on hold," DeStefano said. "Liability was among the issues the company had in mind."

Two years later the California Supreme Court unanimously ruled to eliminate strict liability on the part of the pharmaceutical manufacturers.

The favorable decision encouraged Genentech to rekindle its vaccine research initiatives.

Vice President Dan Quayle, who heads the Council on Competitiveness, has backed a bipartisan bill now in the United States that would make it almost impossible to sue a company for punitive damages if the manufacturer had acted responsibly and the drug was approved by the Food and Drug Administration.

Besides the solution proposed by Quayle, others have proposed a cap on compensatory damages or the establishment of a trust fund to reimburse victims.

Medical Tribune

Access to AIDS-Fighting Drugs is Eased

Associated Press

WASHINGTON — The government says new rules should help get experimental drugs to market more quickly, particularly those designed to fight AIDS.

"We want 'breakthrough' drugs to reach the market sooner," says Health and Human Services Secretary Louis Sullivan.

The new policy announced by the Food and Drug Administration is targeted mainly at drugs and treatments that show promise in dealing with AIDS, and purportedly will speed up the marketing approval process by 1 to 3 years.

The new policy would widen the availability of experimental therapies for AIDS and HIV-related illnesses, according to a fact sheet by the Health and Human Services Department.

Detailed regulations are to be published later in the Federal Register.

Sacramento Bee

AAP Takes Stand on Testing

CHICAGO — Although the American Academy of Pediatrics opposed mandatory testing of mothers and infants, it urged all pregnant women and women of childbearing age to undergo voluntary HIV testing if they live in areas with high HIV-prevalence rates or engage in high-risk behavior.

Mandatory testing, without informed consent, may deter some women from seeking prenatal care.

"New born testing should be routinely recommended and encouraged when mothers with known high-risk behaviors or from high seroprevalence areas have not been tested," the AAP said.

The AAP also recommended and encouraged HIV testing for abandoned infants and those in need of foster or adoptive care.

"Courts should adopt methods for rapid processing of court orders to allow HIV testing of abandoned infants or those in foster care when follow-up adoption or initial placement may be facilitated by such testing," the AAP said.

The potential medical benefits of testing mothers and infected newborns include opportunity for early treatment, disseminating information regarding the risk of HIV transmission from breast milk and risk of transmission in subsequent pregnancies, and possible prevention of sexual transmission by educating the mother and father.

The best estimates of HIV transmission from an HIV-seropositive mother to the fetus range from 12.9% to 39%, the AAP said. However, the number of infected women and the number of children infected continues to increase rapidly.

HIV testing programs should be accompanied by appropriate education, counseling, informed consent and confidentiality. In addition, testing programs and policies should reflect cultural, ethnic and community values.

The programs should include psychosocial, behavioral and clinical support for families as well as infected women.

Infectious Disease News

Transmission Route Identified for Kaposi's Sarcoma in Men with AIDS

OXFORD, U.K. — In homosexual or bi-sexual men with the acquired immunodeficiency syndrome (AIDS), the agent that causes Kaposi's sarcoma (KS) appears to be a microorganism whose main route of transmission is fecal-oral contact.

This is the finding of researchers at Radcliffe Infirmary, Oxford, England, and two London institutions. Because Kaposi's sarcoma is 10 times more common in homosexual or bi-sexual men with AIDS than in other groups infected with the human immunodeficiency virus (HIV). Dr. Valerie Beral studied the social and demographic characteristics, including sexual practices during the past five years, of 65 gay or bi-sexual men with AIDS who attended a sexually-transmitted disease clinic, to determine if a particular aspect of their behavior exposed them to the agent that causes KS.

Twenty of the men were interviewed at the time when full-blown AIDS developed. the remaining 45 were interviewed before the development of full-blown AIDS.

The main determinents of risk for developing Kaposi's sarcoma were found to be sexual practices in which contact was made with the partner's feces. Frequency of oral-anal contact ("rimming") was associated with increased risk. Of the men who reported never having practiced insertive rimming, only 18 percent developed KS. This number jumped to 50 percent for those who reported practicing this behavior less than once a month, to 73 percent for those practicing it between once a week and once a month, and to 75 percent for those practicing it more than once a week.

Compared with the men who had other features of AIDS, the men with Kaposi's sarcoma were more sexually active. They were also more likely to engage in other sexual activities that placed them in contact with feces, such as "fisting" (insertion of the hand into the rectum).

It also was found that other exposures and behaviors, including the use of nitrate inhalers ("poppers"), were not related to risk of developing Kaposi's sarcoma.

Dr. Beral and her co-workers conclude (*Lancet* 339:632-635, 1992) that fecal-oral contact is the main route of transmission of the agent of Kaposi's sarcoma in gay and bi-sexual men with AIDS.

Nation's Health

In The News

Sierra Foothills Foundation Starts Group in Roseville

Sierra Foothills AIDS Foundation has initiated a new parents and friends support group for persons living in the Roseville and North Sacramento areas. The group is being formed to answer the needs of people living within the area who have loved ones living with HIV disease and for those who have lost family members to the disease. The group is being facilitated by Bill and Gerry Richmond and Wanda Peabody.

St. Rose's Church of Roseville has donated space for the meetings to be held on the first and third Tuesdays of each month. Family and friends may also attend meetings held at the Auburn office of Sierra Foothills AIDS Foundation on the second and fourth Tuesday of each month.

Plans for the group include, potlucks, fundraisers, and interaction with other HIV related support groups in the Sierra Foothills and Sacramento counties to insure continuing quality of care for persons living with HIV disease.

Richmond, facilitator of the group, also hopes that the group can support a case management office in Roseville. He is seeking sites and donors to insure that the needs of HIV positive persons in South Placer County are met.

Bill Rau, Executive Director of Sierra Foothills AIDS Foundation, stated, "The family and friends groups in Placer and Nevada County have always been a very important part of the Foundation. Their support of our clients and the organization is important to our continuing work in the foothills communities."

Did You Know? ...

by Sonya Cox

The Centers for Disease Control (CDC) has recently reported that there have been over 210,000 cases of AIDS in the United States.

It took over seven years to reach the first 100,000, and two years to reach the second. New national averages estimate that one man out of every 100, and one woman out of every 800 carries the virus. We're now averaging 137 new cases of full-blown AIDS every day — one every 10 minutes. And every 13 minutes, a previously-uninfected person becomes positive with HIV.

CDC Says Risk of HIV/AIDS From Infected Doctors Low

After testing nearly 16,000 people treated by 32 surgeons and dentists infected with the AIDS virus, the Centers for Disease Control (CDC) has concluded that the risks of patients contracting the virus from health-care workers with HIV is minimal.

The CDC investigation was started a year ago after the agency discovered that a dentist in Florida had infected five of his patients with the AIDS virus.

In a recent report, the CDC said it found 84 patients of HIV-infected doctors and dentists who also were infected with the AIDS virus.

But after completing investigations of 47 of those cases, it uncovered no evidence that any of those patients contracted the virus from health-care workers.

The risk for HIV transmission from an infected health-care worker to a patient during an invasive procedure is considered very small.

The investigation of the dental practice in Florida remains the only instance in which transmission of HIV from an infected health-care worker to patients has been reported.

Washington Post

Approval

Continued from page 1

results seen in this study (ACTG 106) were real. Few expected that the committee could recommend approval of the drug based only on that single small study.

And almost no one expected ddC to be recommended for approval as a single drug, since a major study had shown that AZT alone led to a much greater reduction in AIDS deaths than ddC alone.

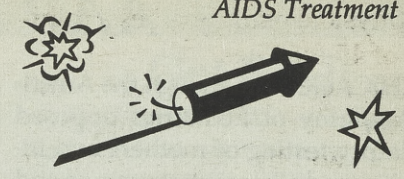
But at the meeting new data was presented which supported the main conclusion of ACTG 106 — that combination treatment with ddC plus AZT could produce larger and longer-lasting T-helper cell rises than treatment with AZT by itself. The most important new data was from a Burroughs-Wellcome trial which is primarily studying drug resistance. This trial started recently; the early data now available shows a larger T-helper rise from AZT plus ddC than from AZT alone.

Even with the new data confirming better T-helper count improvements with the ddC plus AZT combination than with AZT alone, the committee was left with the difficult decision of whether to recommend approval of a somewhat toxic treatment based only on laboratory-test data (T-helper counts) with no data to show whether or not there was clinical improvement in patients' survival or health.

"Accelerated Approval": Before the meeting, the FDA announced a new option, called accelerated approval, "to expedite marketing approval of new drugs and biologics for patients with serious and life-threatening illnesses when a drug provides a meaningful therapeutic benefit over existing therapy." Accelerated approval can be used "when there is evidence of a drug or biological product's effect on a surrogate endpoint, such as a laboratory measurement or physical sign, which reasonably suggests that the drug is effective OR that the drug has an effect on a clinical endpoint other than survival or irreversible morbidity ... for drugs approved on the basis of a surrogate endpoint, the sponsor may be required to conduct any clinical studies necessary to determine the actual clinical benefit of the drug on survival, disease complications, or long-term symptoms." It has been estimated that this accelerated approval system could speed the overall development of critically important drugs by 1 to 3 years.

The Antiviral Advisory Committee supported accelerated approval of the ddC plus AZT combination with the condition that further testing be completed to prove that this treatment does have concrete value to patients. Exactly what is to be required of Hoffmann-LaRoche will be determined by the FDA before approval is granted.

AIDS Treatment News



Federal

Continued from page 1

to increase funds for AIDS research is critical to the hopes of all HIV-positive men, women and children," said Martin Delaney, Executive Director. "Without adequate research spending, there will be no long-term solutions to the AIDS crisis."

Concerned people can call Project Inform's toll-free hotline at 1-800-822-7422 for more information. Or use a Western Union number, 1-800-372-2626 ext. 9227 to express support for the NIH request by directing mailgrams to Rep. William Natcher (D-KY) and Senator Thomas Harkin (D-IA), chairpersons of the House and Senate Appropriations Sub-Committees.

"Right now we are on the verge of some exciting new research in the treatment of HIV and immune restoration but those gains are threatened by the federal budget process," said Delaney. "What is at stake is the future of the federal AIDS research budget, the future of the epidemic, and ultimately, the future of individuals affected by HIV."

The Real NIAID AIDS Budget

(in thousands)

Budget category	**1990**	**1991**	**1992**
Total NIAID AIDS program	393,083	431,395	459,000
Admin. costs, overhead	19,352	21,410	(unsettled)
Clinical Research			
Adult ACTG	*63,900*	*42,300*	*48,500*
Pediatric earmarked, ACTG	*15,500*	*40,000*	*38,200*
CPCRA	*15,800*	*17,300*	*17,962*
Vaccines, other NIAID clinical	*17,300*	*19,000*	*20,300*
(Subtotal)	***112,500***	***118,600***	***124,962***
Minority school awards	2,400	3,100	2,900
Population studies (MACS, hemophilia, neonatal trans., etc.)	56,000	61,700	62,600
Information and educ. & prev.	3,000	3,100	(unsettled)
Training awards for post-docs	2,600	3,400	3,500
Vaccine research: development	25,200	27,600	29,200
Drug development grants	74,800	82,800	83,500
Basic research	92,000	104,000	102,000
"Centers" program	11,400	13,900	14,450
Career awards	780	985	(unsettled)
Scientific review & eval. awards	500	600	(unsettled)
Added totals	400,532	468,295	(unsettled)

PI Perspective, April 1992

Selecting and Working With a Physician When You are HIV Positive

by Stephen Whittaker,
Co-founder, STEP

A question that comes up frequently is "How do I select a physician when I am HIV positive, one that I know is familiar with HIV disease who will be responsive to my needs?

Where to Find a Doctor

Ask your friends how they like their physicians. If your friend is HIV positive, chances are he or she has already had some experience in selecting a physician and may be able to help you find one who will be responsive to your needs.

Establishing the Relationship

Make an appointment for a complete physical exam. This is important for two reasons: You will want to have ample time to get to know your doctor, and a complete history and physical exam will give your doctor an important base line of your health, which will be valuable in the future for noting changes that may occur. A complete physical usually takes a minimum of 45 minutes.

Collect your medical history and hand-carry it to your first appointment. It will be helpful for your doctor to have all your medical records. Make your appointment with enough time in advance to secure notes and laboratory tests from physicians and hospital admissions you have had in the past. You are entitled to your medical records from any physician you have seen.

Make notes to yourself of the questions that you want to ask during your visit. Lists help to maximize your visit, but be realistic. Select two or three items which are most important. Something unrelated may come up during the visit which may limit the number of questions you can ask.

When Your Doctor Forgets

Your doctor may not remember everything you talked about in the past. This may be an indication of the large volume of information that he/she encounters in interactions with many patients. All pertinent information is recorded in your chart, but a detail about your personal life may not be there.

Do a Pre-Visit Personal Stress Inventory

If you are stressed out, tell them so at the beginning of your visit. Sometimes this can help get to the bottom of a problem that needs attention, like anxiety, panic attacks, or depression. Your doctor is not able to deal with problems unless you communicate what they are.

Negotiating Tests and Treatments with Your Doctor

Doctors base their therapies and medical testing on scientific studies which have demonstrated effectiveness through research. Suggesting testing or treatments that fall outside the "accepted level of practice" may put him or her in a bind. Most physicians are reasonable about these requests if they appear harmless, not too costly, and are available. They will also be more supportive if it appears a patient may not have other options, their condition is serious and it appears there may be some possible benefit to the test or treatment.

Usually a doctor will not want to order a test if it is not going to affect the outcome of your treatment. If you are asking for a test or treatment that your doctor does not believe is necessary, ask them to explain their thinking to you. At the very least, this provides an excellent opportunity to raise these issues and negotiate what you want based on your understanding.

When to Fire Your Doctor

The option of changing doctors is always present but should be used as a last resort, when it is clear that the parties cannot accept each other's approach to the relationship.

Your mental attitude about your disease can have a great deal to do with your general state of health. If you are depressed and feel helpless and hopeless about your condition, your immune function will certainly decrease. Psychological implications of stress and immune suppression in HIV disease are very important. If a doctor repeatedly conveys that your condition is hopeless and nothing can be done it is time to change doctors.

What to Expect from Experimental Drug Studies or Research Projects

Doctors who are connected with research projects may have excellent diagnostic and patient management skills, but their primary purpose is to implement their study around previously determined protocols to make the research valid.

In designing these studies, it may be necessary to exclude the patient from taking other medications to be sure they are testing only the drug they want to test. You may be asked to give up a therapy from which you feel you are deriving benefit in order to be in a study. Think about this carefully before you decide to participate in a study.

Seattle Treatment Education Project,
127 Broadway E., Suite 200,
Seattle, WA 98102,
206/329-4857.

Therapy Changes as AIDS Patients Live Longer

by Naomi Pfeiffer

SAN FRANCISCO — More than 65 of his HIV-infected patients are "vigorously healthy" 10 years after their HIV diagnosis, Marcus Conant, MD, professor of medicine at the University of California School of Medicine, said in an interview. He attributed their good condition to "aggressive intervention."

When the patient's CD4 counts are still in the normal range, "We work through a wellness program, including stress reduction, rest, individualized diet, exercise and elimination of recreational drug use," Conant said.

At CD4 counts of 500, "We start zidovudine (AZT) at 600 mg/d, and at CD4 counts of 250, we begin prophylaxis with trimethoprim-sulfamethoxazole (TMP-SMX) to prevent *Pneumocystis carinii* pneumonia.

"These interventions have altered the natural history of PCP and HIV disease," he said. "Average life expectancy with AIDS has almost tripled since the epidemic began."

At counts below 100 CD4s, Conant adds aerosolized pentamidine to the PCP prophylaxis and starts fluconazole to head off cryptococcal meningitis as well as clarithromycin to prevent *Mycobacterium avium* infection. These are "two major new killers," he said.

Interestingly, he pointed out, "Many of our long survivors have had no clinical findings that the CDC defines as AIDS. Nor have they developed illnesses that would make them stop working or otherwise reduce their quality of life. They feel good, look good and enjoy their work."

It is no coincidence that survival coincides with the approval of new drugs, he said. "Zidovudine went on the market exactly five years ago. The trend to longer survival will increase further using ddI (dideoxyinosine) and ddC (dideoxycytidine) as alternatives to zidovudine in patients who do not benefit from it. Over the next two or three years, we will fine tune combination therapy with these antiretrovirals and prolong still more lives," he predicted.

A puzzle is that although most of his long-term survivors remain apparently healthy, their immune systems have deteriorated alarmingly over the years.

"When we see their laboratory results, we are amazed. We say, 'These patients should be very sick. They would have been dead five years ago with such low CD4 cell counts.'"

As late as 1987, patients in good condition with fewer than 50 CD4 counts were rarely reported, he said. "Now there are hundreds in my practice alone. In fact, more than a dozen of our 10-year-anniversary patients have no CD4 cells at all — two of them go to work every day," he said.

He said attitude lays an important role in disease progression. "Aggressive, positive patients live much longer and better than those who say, 'Why me?'"

He added, "I really encourage exercise. Studies show that exercise helps sustain HIV-infected people physically and emotionally. My patients ski, jog, surf and work out as much as possible."

Infectious Disease News

Treatment News

HSV is Associated with HIV Risk in Heterosexuals

Numerous studies have demonstrated a strong association between genital ulcerative diseases and HIV infection. In Western countries, herpes simplex virus type 2 (HSV-2) is the most common cause of genital ulceration, and it is independently associated with HIV infection in homosexual men.

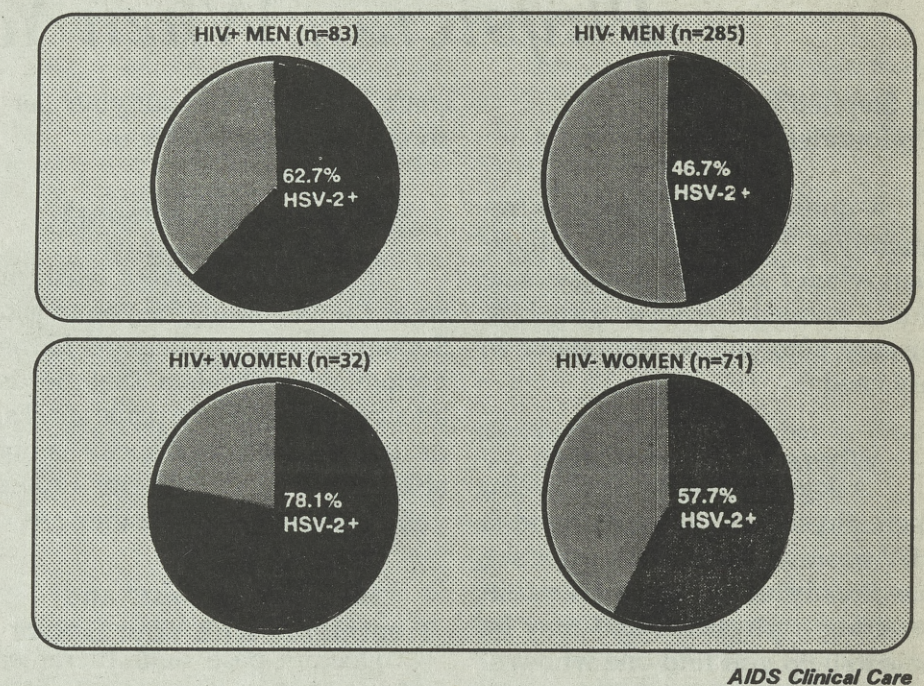
This report demonstrates that HSV-2 may contribute to the risk of HIV infection in heterosexuals. Among 115 HIV-infected heterosexual patients and 356 matched non-HIV infected controls attending a Baltimore STD clinic, HSV-2 infection was significantly more common in both HIV-infected men and women.

Genital ulcers may facilitate both the acquisition and transmission of HIV infection. Cutaneous breaks provide an entry site for the virus, and ulcers may be a source of infected cells and fluids that aid transmission.

Thus, the authors conclude, the diagnosis and expeditious treatment of genital ulcer diseases may reduce the sexual transmission of HIV.

Journal of Infectious Disease

Prevalence of HSV-2 infection in HIV+ and HIV- heterosexual patients attending a sexually transmitted disease clinic.



AIDS Clinical Care

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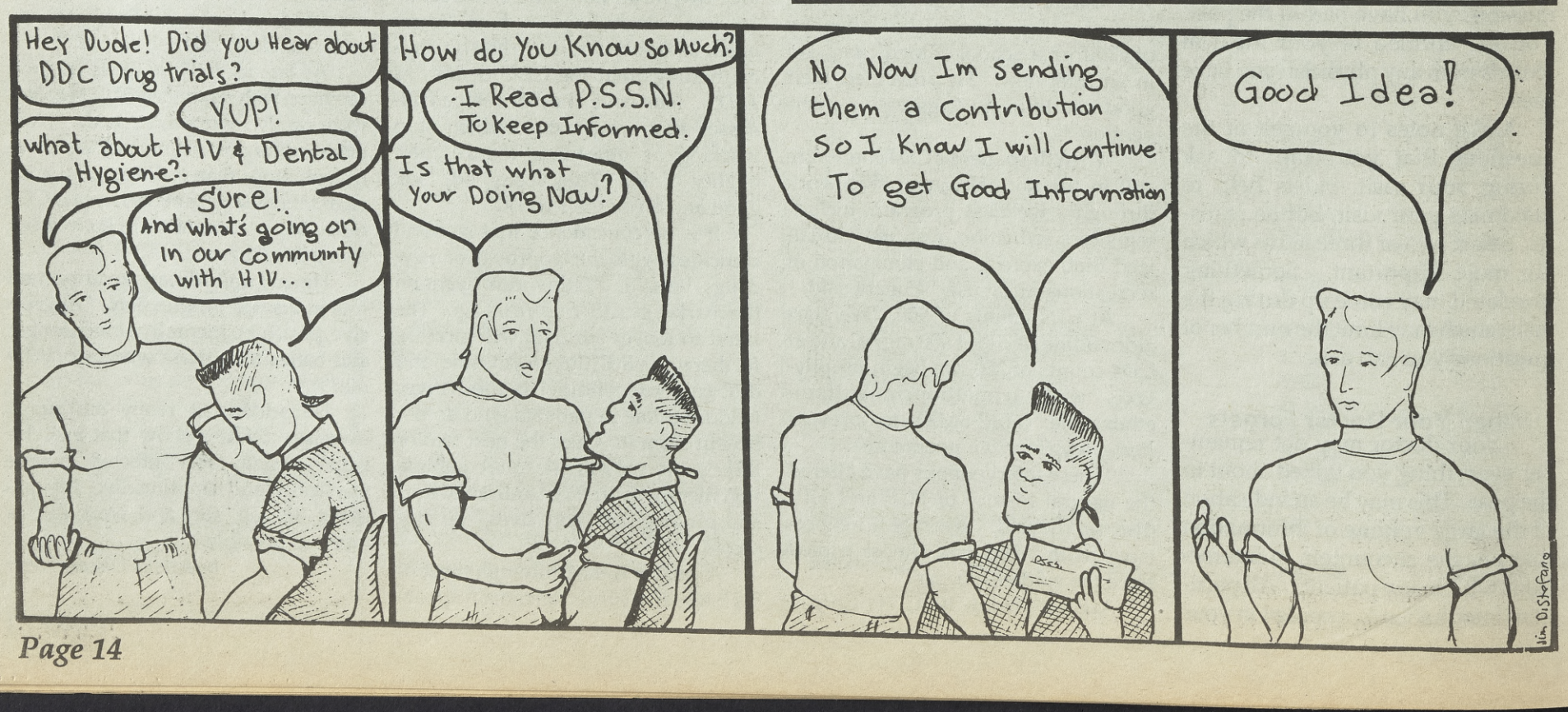
Mark Your Calendar!

June 22 — "Women's Night at CARES" addressing specific issues/concerns for Women with HIV Infection, 7-9 p.m. Facilitators Sandi Kiehn, L.C.S.W. and Patti Paddock, M.P.H. Have you felt the need to talk with other women who are HIV positive to discuss specific issues that concern you? Or have you felt isolated and just need some support? During this informal evening, share, ask questions, learn new health information for women, community resources, etc. **Refreshments will be served and child care is available.** For child care and/or transportation, call Patti, 916/443-0588.

One Friday evening of each month, the Sacramento AIDS Foundation holds a MENS ("Meeting Erotic Needs Safely") session on safe sex practices. Discuss how to negotiate safe sex, how to get more safety, pleasure and fun from condoms, and other topics. Your sex life doesn't stop with an HIV diagnosis. Learn how to enjoy life whether you're positive or negative. Call SAF, 920 20th Street, at 448-2437 for more information.


Hey Dude! Did you Hear about DDC Drug trials?
YUP!
what about HIV & Dental Hygiene?
Sure! And what's going on in our community with HIV...
How do You Know So Much?
I Read P.S.S.N. To keep Informed.
Is that what Your Doing Now?
No Now Im sending them a Contribution So I Know I will continue To get Good Information
Good Idea!

Book Review

Productive Living Strategies for People with AIDS

by Michael Pizzi and Jerry Johnson; Harrington Park Press, an imprint of The Haworth Press Inc., 10 Alice St., Binghamton, New York, N.Y. 13904-1580.

reviewed by Michael DeHart

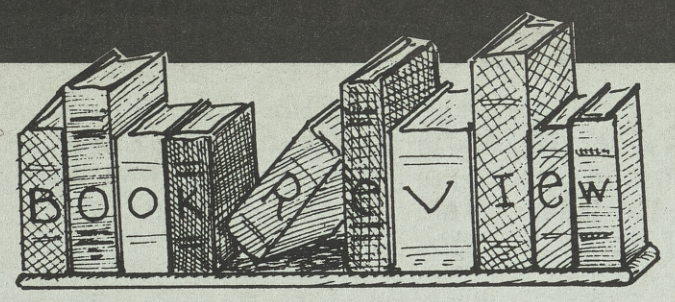
Nearly all people who test HIV-positive will at one time or another experience some stress or frustration with a medical care worker. I am sure everyone will agree that this expression of stress is one we can all do without. On occasion I have taken it as far as wishing that "the doctor" and I could trade places for a moment to better understand each other's perspectives.

Anyone who has experienced similar frustration might do well to recommend ***Productive Living Strategies for People Living with AIDS*** for their health care workers. As the preface states, "Human adaptation falters when meaning cannot be derived from environmental interactions." This is a constant theme throughout the book.

Productive Living Strategies for People Living with AIDS opens with three personal perspectives from HIV-positives and family members. This section opens up many questions regarding the interaction of PWAs with the rest of society, psychotherapy issues, and treatment issues.

Directly following is a lengthy chapter dedicated to Medical Rehabilitative Perspectives. Special emphasis is given to clinical aspects relevant to rehabilitation professionals. Issues are discussed which may arise due to specific disease manifestations.

The book also compares death and bereavement issues with similar issues faced by elderly people. Health care workers are



presented with tactics for helping the afflicted individual reassess values and life goals. Avenues for reassessment include life review (a process whereby one reviews their life, the positive works they have accomplished and what they may do in their future), spiritual challenges, and family plans.

"Cultural considerations in the treatment of PWAs" is also explored. Discussed are proper etiquette guides for dealing with Mexican, Afro-American, IV drug user, and gay patients. This is important reading for everyone, not just that doctor lacking in bedside manner.

Occupational therapy is discussed with specific consideration regarding differing afflicted groups of people. Occupational therapy responses for pediatric HIV care, women, and adults are considered.

Productive Living Strategies for People Living with AIDS presents a broad spectrum of creative, positive ways for medical care workers to approach HIV/AIDS. This book paints a different picture than most traditional prognosis - one that is far from bleak. Anyone can certainly benefit from reading ***Productive Living Strategies for People Living with AIDS,*** but people who will obtain the most information will in most cases be health care workers, partners, family members, or friends caring for PWAs rather than the PWAs themselves.

Hellena

Continued from page 5

want (especially as to what you will and will not do) and then learning to negotiate those limits. The ability to negotiate is an incredibly valuable life-skill, and if you learn to negotiate sexual issues, other issues will seem like child's play in comparison. This means you have to talk to your partners, though — preferably before you get to bed.

Perhaps you will have noticed that many people who are willing to have anal sex are none-the-less embarrassed to talk about it. This is part of the legacy of our sex-phobic (not to speak of Homo-phobic) culture, that encourages us to view sex in general (and specific acts such as anal sex) as dirty and shameful. Please remember that there is nothing wrong with liking anal sex. It is not dirty, it is not shameful, and (despite the fact that it seems to be an 'ideal' way to transmit HIV) there is nothing inherently unhealthy about it. It is also not an exclusively gay activity, as many women (and a few courageous straight and/or bi-sexual men) will tell you.

As for the whole "casual sex thing" — you do realize that the rules are very different than they are for "regular" dating. For example, intimacy on one level (ie: sex) does not necessarily lead to intimacy on other levels, and in that sense your interactions are likely to be much more compartmentalized. Probably the biggest mistake you can make is to have unrealistic expectations (like automatically assuming that a sexual encounter is the beginning of a "relationship".) You might meet Mr. Right ... but, don't count on it. What is more likely is that you will meet some very pleasant guys who are looking for the same thing — along with some not so pleasant guys, of course, and probably a few royal jerks. Some (hopefully even many) of these men will make amusing bed partners (even possibly some of the jerks, as sexual chemistry can, and does, exist in the oddest situations.) Naturally, some of them will bore you out of your mind at breakfast, while others will just cum and run. But with any luck at all, you will meet a number of great, affectionate guys, who will snuggle up to you afterwards, and who you will be glad to find in your bed in the morning. (Or who, if you end up in theirs, will make you waffles, and mean it when they give you their phone numbers.) You might even end up with a couple of "safer sex buddies" (Miss Hellena's euphemism for that very pragmatic '70s idea — "fuck buddies".)

A number of further suggestions: treat people the way you would like to be treated yourself; communicate with your partners, not only if they do something you do like, but as well if they do something you don't. Learn to trust your intuition: if a little voice inside of you says you don't want to be there, trust that voice and bow out as gracefully as you can manage to. Be careful, too, about situations in which you and/or your partner have had too much to drink. Alcohol can lower your inhibitions and loosen you up, which can seem desirable in certain situations — but remember that it can also allow you to lower your guard, and forget your resolve to behave safely.

Also, a general note of caution regarding Hepatitis. Type A (which is less infectious) is found in fecal matter, so that cleanliness (washing hands, washing asses, etc.) is important to prevent transmission. Hepatitis B is much more infectious, and is most commonly spread through sexual contact. It's those old bodily fluids again, particularly blood, semen, and saliva. There is, however, a vaccine against Hep B, and people, especially Gay men who are quite sexually active should speak with their doctors about having a series of vaccinations against this nasty bug.

Having said all that, Miss Hellena admonishes you to have fun, stay safe, and for God's sake, remember to KEEP BREATHING!

Affectionately yours,
(Miss) Hellena Handbasket

Miss Hellena welcomes your questions on a variety of topics, including (but not limited to) matters of social and sexual etiquette, safer sex, affairs of the heart (and including other portions of the anatomy) or indeed, any subject you deem important. Please direct your questions to: (Miss) Hellena Handbasket, c/o PSSN LAMBDA Community Center, 1931 L Street, Sacramento, California 95814.

Make a resolution to volunteer with the Sacramento AIDS Foundation . . .

BECAUSE A LIFE DEPENDS ON IT!

Volunteering with the Sacramento AIDS Foundation to help those coping with the AIDS epidemic can be a true challenge, yet the rewards are immeasurable. For more information, contact the Sacramento AIDS Foundation at: (916) 448-2437 920 20th Street Sacramento, CA 95814

SACRAMENTO AIDS FOUNDATION

Providing care, advocacy and education to meet the challenge of HIV.

Personals

GWM, 41 years old, grey hair, blue eyes, HIV+, doing 9 years in prison, looking for a gay pen-pal to help pass the time. Dwain Rasmussen, E-98206, P.O. Box 2000, U-127, Vacaville, CA 95696.

INTERESTED in forming HIV+ support group in the North Area? Open, closed? Ideas? Suggestions? Please Call 971-0176, not after 10 p.m.

HEALTHY, HIV+ Q/W/M, seeks non-stress temporary or part-time work to supplement meager income. Prefer cash. Near R.T. would be helpful. Call 971-0176, but not after 10 p.m. Thanks.

SW PRE-OP TRANSSEXUAL, PWARC, on death row at San Quentin. I'm the only girl and HIV+ person here. I'd love to share correspondence w/an understanding person and perhaps a future visit. Jan Kolmetz, Box E20001, Tamal, CA 94974.

PWA wants to meet others. 6' 160 lbs., brown and brown seeks friendship and possible relationship. Long straight black hair a plus, but not everything. Smoking OK, any race OK. Call Mark 457-4154.

WHITE, 45, divorced. Would appreciate letters from anyone of any sex and any race or creed. William C. Spann, D-63417, Box 2000 L-113, Vacaville, CA 95696.

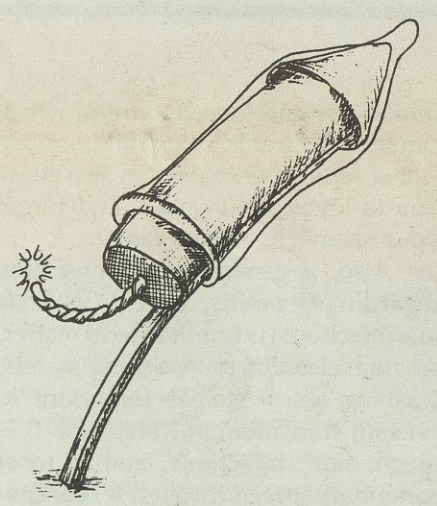
HANDSOME GWM, homeowner, seeks similar for rendezvous and hot adventures. Age, race unimportant, but sense of fun and mischief is a must. Prefer health-conscious non-smoker. HIV a plus. Call 456-1610.

ME: HIV+ GWM, 30 brown/brown, 147 lbs. YOU: GWM or GHM, 18 to 40. P.O. Box 1442, North Highlands, CA 95660.

GWM, 35, 6 ft., 160 lbs., brown hair, blue eyes, mustache. Interested in nutrition, new age ideas and spirituality, natural health care, dance, music, outdoors, affection and safe sex. Prefer men in their 30s or 40s with similar interests. JL 448-0976.

BROWN SUGAR looking for white sugar, blond and sweet (like my coffee). Let's blend together. "Tall," blue eyes, 18-45. Art 442-8320.

Ads encouraging unsafe sex practices, drugs and drinking, or those containing information deemed by the Editors to be of a derogatory or discriminatory nature in terms of race, HIV status, or other similar issues, will be rejected.



Free Personals Next Issue!

Please print ad as follows:

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Signature

SEND TO: PSSN Personals
LAMBDA Community Center
Box 163654
Sacramento, CA 95816

PSSN Outlets

Albertson's - Truxel Road
The Beat Records
Bel Air Market - South Natomas
C.A.R.E.S. Clinic
County Jail - 6th & I Sts.
Faces
Fox & Goose
Greta's Cafe
Incredible Edible
Java City - 18th & Capitol
Java City _ Galleria
Judy's Books
LAMBDA Community Center
Lioness Books
Mercantile House
New Helvetia Coffee Co.
North Hall AA Group
Our Place - North Sacramento
River City MCC Social Hall
Sacramento AIDS Foundation
Sacto. Natural Foods Co-Op
Tower Books - Broadway
Tower Books - Florin & 99 Fwy.
Tower Books - Sunrise Mall
Tower Books - Watt Avenue
Town House
UCDMC A.R.D. Clinic
Western
Wreck Room
Placer AIDS Foundation (by mail)
Vacaville Book Co. (by request)

LAMBDA COMMUNITY CENTER

20th & L Streets

Serving the gay and lesbian community since 1986

CENTER PROGRAMS

COMING OUT/MEN
Mondays 5:30-7:00 pm, at the Center, 1931 L St., Sacramento. Support group viewing "Coming Out" as a life-long process.

COMING OUT/WOMEN
Thursdays 6:00-7:30 pm, at the Center. Lesbian support group viewing "Coming Out" as a life-long process. Childcare available.

WOMEN'S RAP GROUP
Mondays 7-9 pm at the Center. Social support group for lesbians with weekly topics and a monthly potluck.

BEING ALIVE LIVING ROOM
Thursdays 2-5 pm at the Center. Drop-in social time for PWAs or HIV+ persons.

YOUTH RAP GROUP
Fridays 5:45 pm at the Center, Social support group for gay, lesbian, or bisexual youth under 21.

COMMUNITY OUTREACH AIDS RESPONSE PROGRAMS
Wed., Fri., Sat., Sun., times vary, so give us a call if you would like to join us!

It's Easy for You to Help!
Donations can be deducted from your payroll and designated for the LAMBDA Fund. Volunteers are needed for phones and outreach.

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